Clinical Illustrations OF DISEASES OF THE ABDOMINAL VISCERA.

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ABSCESS OF THE LIVER.

ABSCESS of the liver, except in connexion with general pyæmia, is of rare occurrence in this country. The experience of it as an idiopathic affection, or in association with dysentery, when the question of its being idiopathic is an open one, is almost limited to practitioners in India, and to those in this country who are brought into contact with officers, seamen, and other individuals who return invalided from tropical climates. The literature of the subject is, therefore, mainly identified with the names of old Indians, as Annesley, Waring, Twining, Martin, and Morehead, or of those at home, as Dr. Budd, who have had some special opportunity of observing the disease. The Seamen's Hospital is the source from which Dr. Budd drew much of the material for his admirable work "On Diseases of the Liver;" and it is still the special field for the study of tropical hepatic and other affections in their subacute and chronic forms. I have on several occasions contributed papers to THE LANCET in illustration of such affections, and I purpose now giving the results of my experience in reference to hepatic abscess.

I have before me the notes of twenty-two cases; eighteen of which were under my care at the *Dreadnought*, the remainder having been met with in private practice. I purpose narrating but one or two cases at any length, and shall avail myself merely of a general analysis of the rest in elucidation of doubtful or interesting points.

Abscess of the liver is not always readily diagnosed. In some of my cases the more striking symptoms were wanting; whilst in cases where the indications of the affection seemed conclusive, and the patients died exhausted by the dysenteric process, no abscess was found. Still there are symptoms which, especially when taken in the aggregate, may be regarded as tolerably conclusive. These are:—

1. *Bulging of the ribs*, or prominence of the liver below them, especially if over such prominence fluctuation can be detected.

2. *Pain* (*a*) *direct*—superficial and acute if the abscess be so near the surface as to involve the peritoneum; deep-seated and detected by firm pressure over the hypochondrium when the abscess is away from the surface. In connexion with this direct pain may be noticed the position of the patient, who is generally most at ease on his back, feeling a dragging sensation if he turns on his left side, and pain from pressure if he lies on his right. A throbbing pain is also felt when active suppuration is going on. (*b*) *Distant pain*, referable to the right shoulder, and especially localised about the acromion process. I am pleased to be able to dismiss the unsatisfactory term "sympathetic" in reference to this pain, seeing that it is caused by direct irritation of nerves. In his Hunterian Oration, Mr. Hilton explains the transference of pain to the shoulder, in hepatitis generally, by the fact that the right phrenic nerve arising from the third and fourth cervical gives off a branch, which takes its course under the inferior cava, through the fissura venosa into the porta of the liver, and, finally, also one or two filaments to the round ligament. It will be remembered, also, that the cervical nerves, from which the phrenic proceeds, send branches to the skin about the shoulder. What is the value of this symptom in the diagnosis of abscess? Not, I think, great, unless taken in connexion with other symptoms. It was present in eight of my cases, and in only seventeen per cent. of cases collected by Rouis. Annesley regarded it as pathognomonic of abscess in the upper part of the right lobe, and Budd's experience accords with his. This view I cannot confirm. The symptom in question was present in one case in which the abscess was opened below the ribs and was clearly at the lower part of the liver. It was absent in two cases in which the abscess had opened into the lung, and also in two cases in which there were several abscesses in different parts of both lobes of the liver. The anatomical explanation is, I imagine, that pain in the shoulder would be present only where the abscess involves the part supplied by the branches of the phrenic nerve.

3. *A rigid state of the right rectus muscle* was regarded by Twining as distinctive of deep-seated hepatic mischief. This symptom existed in a few of my cases, but I have observed it in connexion with other abdominal affections, and I think with Morehead that it is merely a natural effort to ward off pressure from a tender part beneath; and that, while such contraction may be a valuable sign of subjacent inflammation, it has no special relation to hepatic disease.

4. *Jaundice* existed in only three of my cases. In a case in which the hepatic structure was almost destroyed by abscesses it was profound; in another case, connected with general pyæmia, it was slight and persistent. Its absence would rather help in the diagnosis of abscess from other affections of the liver, and may be explained by the fact that a large portion of the organ is usually left intact for the performance of its functions.

5. *Rigors* and *hectic fever* are symptoms which would probably be present where the suppurative process is in activity, and which, especially when associated with dysentery, would materially aid in the diagnosis.

Other symptoms, of characteristic import, would vary with the course taken by the abscess. If it is about to open externally, we should have redness of skin, fluctuation, pointing, &c. If, which is perhaps the most common result, it effects an opening into the lung by adhesions with and ulceration through the diaphragm and its serous investments, we have an additional series of symptoms, which will be noticed subsequently.

The stools are usually natural, loose rather than otherwise, and, unless much liver-structure is involved, fairly charged with bile. The urine is almost always high-coloured, and my experience agrees with that of Mr. Busk, who tells me that he has almost invariably found it to contain a pink or lateritious sediment.

The following case may be introduced here in illustration of the symptoms and course of the affection:—

D. B——, aged thirty-eight, an Irishman, was admitted into the *Dreadnought* on Dec. 3rd, 1857. He had twice had ague: once, nine years before, in New Orleans, for three weeks; and again, two or three months since, on the coast of Africa. About two months back he was attacked with diarrhœa, which soon merged into dysentery of an acute character. He had never suffered from this latter complaint before. He was comparatively well from the dysentery at the end of a week or so; but felt prostrate, had no appetite, and continued to suffer from pain in the abdomen. For the last three weeks the pain has centred in the right hypochondrium, and been attended with dyspnœa and cough.

Symptoms on admission.—Complains of pain in the right hypochondrium, increased by firm pressure of the entire hand, and extending over the epigastrium. The abdominal muscles are rigid; there is no marked enlargement of liver, or undue prominence over its site. He has dry cough, and short, catching respiration; and there are loud râles in front of the right side of the chest. The stools are loose, and contain plenty of bile. The pulse is rapid, the skin hot and dry, and he appears emaciated. Complains of pain in the right shoulder. Was ordered dry cupping over the hypochondrium, salines, with liquor potassæ, and tincture of hyoscyamus; and calomel and opium every four hours. Was placed on milk diet.

Dec. 6th.—Much relieved by the cupping; can lie on the back, but not on the left side. On inquiry, it appears that he has had shivering at times without feeling cold, and that it comes on when he is dozing. Ordered to discontinue the calomel, to have a large linseed-meal poultice applied over the right side, and, as the bowels were rather confined, a dose of castor oil was prescribed.

7th.—Bowels have acted three times; stools bilious; urine high-coloured, of sp. gr. 1020.

On the 9th he vomited a quantity of thickish, green fluid, and afterwards felt relieved. From this day to the 14th he appeared to improve; but on the 14th complained of more pain in the right side. On the 17th it was found that he had been sweating profusely in the course of the two or three previous nights. He was now put upon a course of nitro-muriatic acid, which was continued, with apparent benefit, for a week or two, the motions maintaining a healthy character, and the constitutional disturbance being less marked.

Jan. 7th, 1858.—Has more pain, and there is undue fulness over the region of the liver, though no material enlargement downwards. Leaning on the right side causes pain, and he complains of pain and soreness in the right shoulder and along the inner side of the arm. Ordered the nitro-muriatic acid bath every night. This seemed to do good, especially as regards the functions of the liver, and in diminishing the hectic fever.

On the 26th he complained of formication over the chest and abdomen, and occasional hiccough, and the bath was discontinued.

On the 29th he was worse; felt much prostration; more pain in the right hypochondrium, increased on moving or coughing, and he had sweated copiously at night.

From this date, through the month of February and greater part of March, he continued, with occasional improvements for a day or two, to get worse; the hepatic symptoms and indications of suppuration becoming more marked, and the constitutional disturbance, in the way of hectic fever, and subsequent perspirations, greater.

March 26th.—The abscess is pointing just above the angle formed by the junction of the cartilages with the osseous portion of the last ribs. The liver extends about an inch and a half below the normal limits. The adhesion of the liver with the parietes is determined by the former not shifting its position with a shifted position of the patient, or with the acts of expiration and inspiration. As the patient was becoming exhausted, it was determined to open the abscess. This was accordingly done with a sharp-pointed bistoury, and about a pint of curdy pus escaped. The abscess continued to discharge, especially under the acts of coughing and deep inspiration, and the severer constitutional and local symptoms were relieved. He continued, however, notwithstanding the free administration of brandy, wine, and beef-tea, to get more prostrated and emaciated, and died on April 5th.

Inspection.—Body emaciated. Liver encroaching on the right half of the chest to the level of the third rib. Right lung compressed, carnified below, œdematous above. At the apex three cicatrices, but no evidence of present tuberculous condition. Left lung healthy. Anterior surface of liver firmly fixed to abdominal parietes for several inches around the external aperture. Weight of liver, six pounds and a half. In the right lobe there was a large abscess, with smaller ones communicating with it. It had burrowed outwards and downwards until it reached below the ribs, then forwards and through the parietes. No appearance of gangrene. A number of smaller abscesses, about the size of a walnut, occupied the right and left lobes, and contained greenish pus. Intervening hepatic structure healthy. The spleen weighed six ounces, and was healthy; right kidney pale and flabby, left healthy; some of the mesenteric glands enlarged. Large intestine dotted over with circular ulcers, with raised indurated borders; a few had irregular congested borders. The mesenteric and portal veins were healthy.

(To be continued.)

A CASE IN WHICH, AFTER THE REMOVAL OF SEVERAL INCHES OF THE MUSCULO-SPIRAL NERVE, THE SENSIBILITY OF THAT PART OF THE SKIN OF THE HAND WHICH IS SUPPLIED BY IT WAS RETAINED.

BY WILLIAM S. SAVORY, F.R.S.,
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J. L——, aged thirty-eight, a groom, was brought to me at the hospital by Mr. Goddard, in whose service he has been for many years, with a large tumour in the right arm. It occupied the lower third of the front and outer aspect, the biceps bounding it internally. It was very dense, regularly oval, and measured four inches in length and three in breadth. It was prominent, close under the skin, freely movable, and apparently without any firm connexion to surrounding parts. The tumour itself was not painful, except when rudely handled, but he complained of a tingling sensation passing from the tumour down the forearm to the hand. It had existed for several years, but, growing slowly at first, it had of late increased more rapidly, and now rendered the arm almost useless for work. In the lower third of the forearm, over the outer and back part of the radius, there was a much smaller and softer tumour, irregularly flattened, of which he took no heed because it produced no inconvenience whatever. Another tumour, very similar in shape and consistence to the last, was discovered over the right scapula; and a somewhat soft pedunculated growth, about the shape and size of a small pear, hung from the integument near the occipital crest. Imbedded in the skin over the whole body were numerous small tumours, rarely larger than a pea, of whose existence he did not appear conscious. He was a dark, thick-set man, of singular aspect, and peculiar in manner, rather slow of comprehension, with a remarkable hesitation in his speech. His past health had been good, and no evidence of any further disease could be detected. He was anxious to get relief from the large tumour, but otherwise indifferent.

On the 14th of last December the large tumour was removed. A thin stratum of muscular fibres—part of the brachialis anticus—was spread over its surface. It was readily isolated from all adjacent parts except at its extremities, to which the whole trunk of the musculo-spiral nerve was attached. As the nerve evidently passed into and out of the substance of the tumour, it was divided above and below, about an inch from either end, and then the tumour was at once removed. The cut extremities of the nerve appeared quite healthy. When the tumour was divided by a longitudinal section and examined, it was found to be composed throughout of fibrous tissue, which in the outer half was firm, and presented all the characters, well marked, of a fibrous tumour, but towards the centre was more opaque, softer, and friable, and displayed there, in addition to many imperfectly marked fibres, an abundance of granules and molecules of oil. This portion of the tumour was evidently in a state of fatty degeneration. When the nerve was traced into the substance of the tumour, its fibrils could be followed for some distance, spreading out in every direction, until at length they were lost amidst the bands and bundles of fibres. The tumour was clearly a neuroma, and had grown in the midst of the fibrils of the musculo-spiral nerve, unravelling them as it had enlarged. The surfaces of the large wound were brought together and lightly supported by a bandage. All went on fairly well after the operation. For forty-eight hours there was some fever, but on the third day he was free from any constitutional disturbance. At first, too, the arm, forearm, and hand were much swollen, and the integuments puffy, but in a day or two the limb resumed its natural aspect. The wound suppurated, but not freely, and so gradually closed in.

From the time of the operation the muscles of the back of the forearm were paralysed, and the hand dropped forward from the wrist. But, when testing the sensibility of that portion of the skin of the hand which is supplied by branches of the radial nerve, we were not a little astonished to find that it was but slightly impaired. When the skin upon the outer part of the back of the hand, or over the back of the thumb and forefinger, was lightly pricked, the man cried out sharply. He could distinguish in the same region two points of contact when they were not more than an inch apart, both in the long and transverse axes of the hand; when they were closer than this on any part of the back of either hand or forearm, he confused them; and, indeed, in comparing the sensibility of this region with that of the inner portion of the back of the hand, and two inner fingers, or with the corresponding part of the opposite hand, no very striking difference could be detected. All portions, too, of the back and sides of the middle finger appeared equally sensitive. He could distinguish also between the contact of hot and cold bodies in this region as well as in other parts. He always remarked the distinction between the touch of a cold steel sound and one that had been previously dipped in hot water. When desired to experiment upon himself by touching, scratching, or pricking the different parts, he repeatedly declared either that he could perceive no difference of sensibility, or that the radial portion of the dorsum of the hand was rather more sensitive than the other half. These observations were carefully repeated in various ways, day after day, with a uniform result; indeed, the man at last got tired of them, concluding, no doubt, that the existence of acute sensibility had been abundantly proved. It need hardly be said that in many of these experiments the man was blindfolded, and otherwise prevented from forming any idea of what we did except through the sense of touch.

Now, what is the interpretation of this remarkable fact? All anatomists will agree that, so far as ordinary dissection goes, the skin on the outer half or thereabout of the back of the hand, and of the back of the thumb, forefinger, and outer

portion of the back of the middle finger, is supplied only by branches of the radial nerve; and when any variation is noticed in the distribution of this nerve to the back of the hand, it is almost always that it supplies more than the usual proportion of integument, going on sometimes to the ring finger. I cannot doubt therefore that in this instance the parts in question were supplied in the usual way—only through the branches of the radial nerve. But then how could these parts retain sensibility after the removal of some inches of the nerve-trunk? I can only account for it thus:—We know that in the forearm, just above the wrist, some small branches of the external cutaneous nerve communicate with the radial, and it may be that at this junction the radial receives filaments from the external cutaneous, which so pass down to be distributed, with the filaments of the radial, even to the skin of the hand. This seems to me to be the most probable view of the matter—indeed, the only reasonable one. There should assuredly be more difficulty in conceiving such a transference of the filaments of the ulnar and radial on the back of the hand. The arrangement of the small branches so near their distribution would hardly admit of this. But if this explanation be the true one, it suggests a much larger question. Are nerves so isolated in their distribution as they are now believed to be? Is not the purpose of the communication between different nerves in their course more extensive and complete than has been hitherto recognised? The question is one which appears to be beyond the reach of any ordinary dissection, and perhaps it will be best answered hereafter by observation and experiment in cases like the present one.

Let me add that this case is not an isolated one. In THE LANCET of the 30th of last November there is a notice of a case which was then in the wards of Professor Richet at La Pitié, exciting much interest and speculation. In the patient, a young woman of twenty-four, the median nerve "was completely cut through" a short distance above the wrist. "Yet sensibility of the lower end of the nerve was unimpaired. The patient screamed with pain as M. Richet excised a minute portion of it for microscopical examination. All the parts to which the median nerve is distributed had likewise retained their sensibility." But "the muscular contractility of the parts supplied by the nerve was completely lost, and the application of electricity failed to elicit any contraction." See *Gazette des Hôpitaux*, 1867, Nos. 131 and 134, for additional details and a discussion of the chief facts observed in this remarkable instance.

MALARIA FEVER IN CORSICA.

BY J. HENRY BENNET, M.D.

I HAVE recently returned from a third exploration of Corsica, undertaken with a view to ascertain the conditions under which malarious fever is generated in that lovely island. I wished particularly to learn whether its existence in summer may be considered a drawback to Corsica's being regarded one of the winter sanitaria of the Mediterranean. Having been the one to discover Ajaccio medically, as it were, in 1862, and finding that the efforts I have since incessantly made to direct attention to its special advantages are at last about to be crowned with success, I thought it incumbent on me to study this malaria question, that I might not prove a false guide and prophet.

I landed at Ajaccio on the 22nd of April, and found everything in a prosperous and promising condition. Two medical friends, who had passed a couple of winters with me at Mentone—Dr. Bierman, a German physician, and Dr. Ribton, of Dublin—have definitively settled there, and have placed themselves at the head of the movement. A considerable number of German and British invalids have passed the latter part of the past winter under the care of these gentlemen at Ajaccio, and all, I believe, have been much pleased with their experience of the new health colony. A sufficient amount of money has been subscribed to build a large and commodious hotel, and in the meanwhile every effort is being made to improve the existing accommodation for next winter. These medical gentlemen will take private patients, and there will be at least one good boarding-house. For further details respecting this new health colony I must refer to my work entitled "Winter in the South of Europe." I would only add, as it has been extensively reported that I mean to settle there myself, that I have no such intention. I have no other interest in Ajaccio than the philanthropic wish to be of use to the tribe of invalids whom I warn off from the large southern towns, by finding out for them, in addition to Mentone and the Genoese Riviera, a new and interesting locality, with an island climate—in some forms of disease a decided advantage.

On leaving Ajaccio I travelled south to Sartene and Bonifacio, and then ascended the Oriental coast up to Bastia and Cap Pino, examining specially the mouths of the rivers, and conversing with all the native medical men I met. I also paid a visit to the penitentiary of Salabianda on the eastern coast, where 1000 convicts are employed in draining most pestilential marshes, and respecting which I have some interesting details to give.

The following are the results at which I arrived. Wherever a river or torrent descends from the mountains or valleys, and empties itself into the sea, there is malaria, or intermittent fever, in the plains which it waters, from the sea-level to an altitude varying from 100 to 200 feet. This I ascertained with the barometer. On ascending these valleys, when the barometer indicated an elevation of from 150 to 200 feet I was all but invariably told, "Now we are safe; people can live here all the year round." In the more malarious regions of these plains I generally found that we were only a few feet above the sea-level, and that the country was nearly flat. The fever sets in towards the latter end of June, increases in intensity until October, and disappears towards the end of October, as the nights become colder. It is often very severe, and assumes occasionally the pernicious form. It complicates nearly all other diseases that occur whilst it reigns. On the eastern coast, where there are a series of marshes and ponds through which the rivers empty themselves into the sea, the malarial fever is more severe and more fatal than elsewhere.

There are a few villages and isolated houses in these malarious plains, but they are only inhabited during the cool months of the year. By the beginning or middle of July the harvest is over, and then the entire population abandon their homes and go to the mountains behind, there to occupy other habitations at an altitude of several thousand feet, during the hot months. Well-to-do people leave at the beginning of June, to return at the end of October. The working class leave when the harvest is over in July, and return early in October to till the ground.

Intermittent fever exists not only in Corsica, but in all the Mediterranean islands, and on the mainland, under the same conditions, wherever a river runs into the sea. It appears to me that the extreme prevalence of intermittent on the Mediterranean shores, at the outlets of rivers, in a temperate climate, is in a great measure owing to the sea being all but tideless. When storms come, the sand and shingle are thrown up in great masses at the mouth of the rivers. There is no tidal scour as in the Atlantic, so that the waters of the river are pent up, flow back, and swamp all the low lands, saturating them with moisture. As dead and decaying vegetable matter is not purified by the action of winter frosts, as in northern countries, the advent of the powerful summer sun produces that state of soil which gives rise to aguish fevers. One thing is certain, that it requires no marsh or pond to produce malaria. Some of the most pestilential plains I saw—plains where human beings cannot live in summer—were as healthy, as innocent-looking in April and May as the banks of the Trent or the Thames. It really seems quite sufficient to produce aguish fever in a subtropical country that the land should have been saturated with water, either from rain or overflow, in winter, that there should not be a good fall for drainage, and that the July heat should be reached. The natives of these countries know this, and act accordingly; but northerners do not, and are often difficult to convince, to their own destruction. They cannot believe that a smiling cornfield by the side of a pure running stream, such as they have fished in and bathed in day after day in their youth, during sultry August weather at home, can possibly be in these countries pestilential—a place to fly from as soon as spring is over. They poohpooh such reports. They think the natives faint-hearted lazy cravens, and go about their work as at home, to sicken and die in a year or two. I heard several such tales in Corsica, but the most remarkable is the history of the Salabianda penitentiary, above alluded to. It is an agricultural colony of convicts, founded by the French Government five years ago, in order to drain and reclaim some of the ponds and swamps of the Oriental coast. Unfortunately the Government gave the appointment of director to a clever energetic officer, but a northerner, who knew nothing of Corsica or its fever. He thought all he heard fudge; that the fever was the result of the men working in the heat of the day and being badly fed. So he

had the convicts up before daylight, and made them work at the drainage in "the cool of the morning." Then he had them home in the heat of the day for dinner and a *siesta*, and sent them out to work again in the "cool of the evening." The local medical men and the Corsicans around him stood aghast at a plan so contrary to all their experience. For they wait until the sun has dispersed early miasma-loaded vapours, and return home before sunset. But he was not to be persuaded, reported the medical men under him for "insubordination," and had his own way. The result may be easily foretold. He lost during two years 65 per cent. of the convicts, or 665 out of the 1000 each year. The government was horror-struck, and the colony would have been abandoned had not the stubborn director, most fortunately, himself died of the malaria. A more rational man was then appointed, who allowed the medical staff free scope, and everything was reversed. The men were sent to work an hour after sunrise, and brought home an hour before sunset. In the summer they were all transferred to the mountains, and various other precautions were taken, with such good results that last year the mortality, in the same conditions and locality, was only 3¼ per cent., or 35 in 1000. These details I had from Dr. Tavera, the present very intelligent medical superintendent of the penitentiary. Great works have been accomplished. One or two large brackish ponds and swamps have been already drained, and a vast amount of land reclaimed.

It seems incredible that such perverse stubbornness on the part of officials in authority should exist, and that masses of human beings should be shouldered into eternity through their blind opposition to professional knowledge. But similar circumstances are constantly occurring. If my memory does not mislead me, at the commencement of the Crimean war our troops were located in autumn, by the officer in command, at the side of a malarious fresh-water lake, near Varna, in direct opposition to the medical staff; and soon after the camp was decimated by fever. Again, the case of the regiment recently taken to sicken and die at the Mauritius by its colonel, in opposition to the medical staff, must be in everybody's mind.

The deduction I draw from these researches is, that any part of Corsica is safe as a residence, either for invalids or tourists, from the 1st of November to the middle or end of May; but I do not advise either the one or the other to go to Corsica, or to remain there, during the summer months, unless they leave the plains and the outlets of rivers, and settle on some mountain height. As the mountains rise to a height of nine thousand feet, there are many glorious regions where, throughout the heats of summer, a bracing healthy climate and immunity from the intense summer heat of the Mediterranean would be secured. The establishment of some such cool mountain retreat for summer is part of the plan I have been advocating for the last six years. I have found a most lovely spot, called "Foci," some four thousand feet above the sea, on the summit of the pass which crosses the mountains that separate Ajaccio on the western coast from Bastia on the eastern. It is now in contemplation to build a summer hotel there. Such an establishment would be of great value to Nice, Cannes, Mentone, and to the Riviera generally.

Grosvenor-street, June, 1868.

ON

THE PREVENTION AND TREATMENT OF SUN-STROKE.

BY W. C. MACLEAN, M.D.,

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THE number of cases of sun-stroke reported in the general and medical press induces me to offer a few observations chiefly on the prevention and treatment of this formidable affection. In my article on Sun-stroke published in the second volume of "Reynolds's System of Medicine," I pointed out that sportsmen in India constantly expose themselves in the hottest weather when in pursuit of game. Those who use reasonable precautions, who protect the head and nape by a head-dress adapted to the purpose, wear loose clothing of a suitable material, and abstain from stimulants, rarely suffer from sun-stroke.

On the other hand, men who are made to undergo fatigue under a hot sun, dressed as British soldiers generally are, in tight-fitting clothes, and encumbered with heavy and badly-adjusted accoutrements, wearing a head-dress which not only gives no protection, but concentrates the sun's rays on their heads, suffer from insolation in a most fatal form. In illustration of this I quoted the well-known example of the 68th Regiment, which, dressed and accoutred in the manner above indicated, paraded at Madras at an early hour in the afternoon in one of the hottest months of the year, to attend the funeral of the late General M'Dowell. The result, as my friend Sir Ranald Martin has described, was, that before the funeral parade was over, the men began to fall senseless; one died on the spot, two more in less than two hours, and men suffering from insolation in various degrees were brought into hospital all that night and part of next day. I further illustrated this part of the subject by the case of the 98th Regiment, which, dressed and accoutred as above, took part in the capture of Chin-Kiang-Foo, the final military operation of the war in China under Sir Hugh (now Lord) Gough. A great many men were struck down by the sun; about fifteen died on the spot. For the most part they fell on their faces, gave a few convulsive gasps, and expired. It is a noteworthy fact, of which I was an eye-witness, that the 18th Royal Irish and the 49th Regiments, employed on the same day, in the same service, and exposed to the same fierce heat, hardly suffered at all. Why? They marched and fought under the guidance of officers experienced in tropical war, who had for their advisers medical officers of equal experience, and the result was that the soldiers went into action without their leather stocks, with their jackets loose and open, and, above all, with white covered forage caps on their heads. In the same article I have shown how high temperature induces a variety of the same terrible symptoms when men are massed in ill-ventilated barracks, and gave some historical examples in point. From the above some important lessons may be gathered for our guidance in this exceptional season.

In such tropical weather as we now have, troops should parade for exercise only in the early morning or evening, and even then as little encumbered as possible; and, in case any man should fall out, an abundant supply of water should be at hand for drinking and douching purposes.

For those who are obliged to exert themselves in the sun, cold tea is the safest and, in the long run, the most refreshing beverage. Every experienced Indian sportsman will subscribe to this. It is notorious in the East, that the sportsmen who "come to grief" from the sun are those who endeavour to "support nature" with brandy-and-water and strong ale.

When walking in the sun, particularly in the hot streets, when there is little movement in the air, the use of an umbrella, with, for choice, a white cover, can hardly be thought effeminate. It is almost useless to add, after what has been said, that at such a temperature as we have lately had it is dangerous to mass a number of people in ill-ventilated dormitories, although it is probable that the formidable symptoms of what may be called barrack insolation are seldom seen under a temperature of 90° Fahr.

The best and safest mode of treating a person struck down by heat is at once to remove him to the nearest shade, to strip him, and assiduously to douche him with cold water over head, neck, and chest. By this means a powerful impression is made on the cutaneous nerves, the effect of which is to set suspended respiration in motion, at first by catches and gasps, finally in a more regular manner. If the heat of skin be, as it usually is, high, this simple operation should be done again and again. The patient should be made to drink freely of ice-cold water, if that be at hand; if vomiting results so much the better, for it will mechanically aid in diminishing extreme congestion of the lungs, which is one of the most invariable consequences of the attack. The patient should be made to inhale ammonia, with the usual precautions, from time to time. As soon as sensibility is restored, it is well to give a purgative; moderate diarrhœa favours recovery. If sensibility be not restored by the above means, shave the head and apply a blister. In the convulsive form of the disease chloroform may be inhaled, as advised by Dr. Barclay, but always under medical supervision.

YELLOW FEVER has appeared extensively at Portoviejo and Tipigapa; cholera at Havannah; and small-pox and fever prevail at Jamaica.

ON A

CASE OF PARTIAL PLACENTA PRÆVIA.

BY ROBERT FOWLER, M.D.,
DISTRICT MEDICAL OFFICER OF THE EAST LONDON UNION.

ABOUT one A.M. Nov. 9th, 1867, I was summoned by the union midwife to M. M——, aged thirty-five, residing at King-court, one of the most wretched places in my district, on account of excessive ante-partum flooding. The patient *had arrived at full time* with her sixth child. She had enjoyed good health in her pregnancy, *with the exception of a pain in the left hip during the latter months.* Her five previous labours had been natural and quick. In this last pregnancy *her work had been harder than heretofore*, she having to carry heavy weights up and down stairs. A little before midnight of Nov. 8th she was awoke *by a sudden gush of fluid per vaginam, without the least pain. She had had no sudden excitement or unusual physical exertion during the preceding day.* Finding that the escaping fluid was blood, she sent for the midwife, who found her standing up and gaping, and still profusely flooding. She was placed on the bed, some brandy-and-water was administered, and an unsuccessful attempt was made to ascertain the presentation. On my arrival I found her in a state of collapse—pale, cold, feeble voice, and almost pulseless. Fluid and clotted blood was still pouring from her, and "she had flooded a pailful." *The presentation was so high* that I could not make it out, until I had the whole hand in the vagina. The os was dilated to the size of the mouth of a wine-glass. *It was impossible without great and excessive violence to have got my hand through the os.* I plainly felt the edge of the placenta reaching to the level of the posterior lip of the os, and the posterior portion of the cervix was clearly thickened by the attachment of the spongy mass. In front of this latter I detected the fœtal head *covered with the membranes. There was not the least uterine pain.* Finding it impracticable to introduce my hand, I passed two fingers through the os, and *completely detached the placenta, as high as my fingers could reach, from its cervical attachment. Immediately I had effected this all hæmorrhage ceased.* I then gave one scruple of powder of ergot in brandy-and-water, and covered the poor shivering thing with what wretched means were at hand. There being no food in the house save bread and tea, I had some of the latter made, and in about half an hour's time gave her therein another dose of the ergot. No pain followed. The woman had, however, wonderfully rallied, had become warm, talkative, and acquired a fair pulse. Although the membranes somewhat protruded through the os, I now determined, as there seemed no necessity to hasten or force labour, to *watch and see what Nature could or would do.* As a matter of precaution, previously plugging the vagina, I left her in charge of the midwife, who had soon also to leave, being sent for to another case. I saw the patient again at five A.M. *There had been no hæmorrhage and no pain.* She was doing well. To continue her brandy, tea, and sopped bread. At nine A.M. she obtained the necessary medical comforts. At two P.M. matters were still the same. As she complained of inability to make water, I removed the plug, *which was scarcely stained with sanguineous discharge.* She received four visits from the midwife during the day. At eleven P.M. I found her complaining of pain in the lower belly. This evidently depended on distended bladder, and was at once relieved by catheterism. The os was now more dilated and softer, and the head was just entering the brim. There were still no pains. In an hour after my visit to the patient pains came on, which the midwife on her arrival found well established. *Nature had ruptured the membranes*, the head was in the cavity, and completely through the os. *A still-born male child was naturally expelled, without the least return of hæmorrhage* either before or after its birth, at between two and three A.M. of the 10th. *The bones of the child's head were separated, the whole body was discoloured, and the cuticle desquamating.* Unfortunately no notice was taken of the appearance of the placenta. The woman did perfectly well.

Remarks.—This case very forcibly illustrates the implicit reliance which may be put on the ability of Nature (when properly assisted) to terminate a case of placenta prævia. The italicised portions of the above description sufficiently indicate the several physiological and therapeutical points so ably laid down and combated by Dr. Barnes, in his Lettsomian Lectures for 1857. I believe the case more than establishes his views, inasmuch as, having full command of the patient I determinedly resisted the very great temptation of rupturing the membranes.

Bishopsgate-street Without, June, 1868.

EPITHELIOMA OF THE LIP, OF FIVE YEARS' STANDING, REMOVED; AND LIP RESTORED BY CHEILOPLASTIC OPERATION.

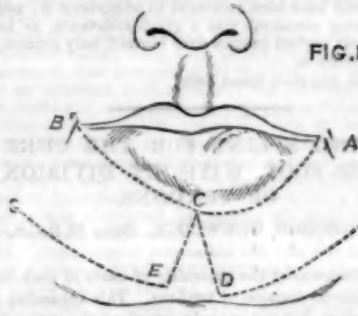
BY JOHN EWENS, L.R.C.P. & L.R.C.S. EDIN.

J. B——, aged seventy-five, had been for five years suffering from epithelial cancer of the lower lip. When first seen, nearly five years ago, it was very small; but he resolutely refused to be operated upon. However, by the end of last year, the disease had increased to such a formidable extent, and the pain was so constant and so severe, that he at last consented to an operation, which now involved nothing less than the loss of the whole lip; thus exposing the lower teeth and gums, and, moreover, allowing the constant dribbling of saliva.

These serious inconveniences led me to contemplate restoration of the lower lip. The question then arose as to the best method. Supplying flaps from the cheeks presented the advantage of having mucous membrane, and thus obviating the contraction arising from a granulating surface; but it was feared lest, at so advanced an age, flaps thus strained might slough. I therefore proposed making them from the chin; and, whilst contemplating the subject, met with a plate of Dr. Andrew Buchanan's operation in Erichsen's Surgery, which so coincided with my views that, with a trifling alteration, I adopted it

Accordingly, at 3 P.M. on Dec. 31st (without chloroform), assisted by Messrs. Tarzewell and Slade, and my assistant (Dr. Fielding), I removed the whole of the diseased structures by a nearly semilunar incision, extending from one angle of the mouth to the other, rather less being removed from the right side (Fig. 1, dotted line A B). The bleeding from the

FIG. 1

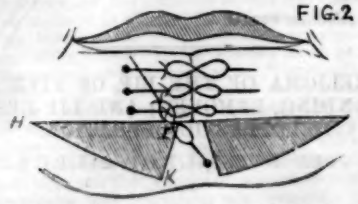


labial arteries was stopped by torsion. Next an incision was made in the lines C D and C E, and D F and E G; and the flaps on either side included by these incisions were carefully dissected from their subjacent connexions, with a considerable thickness of cellular tissue. The flaps were then brought up and united in the median line by three hare-lip pins (Fig. 2). The point of the triangular piece left by incisions C D and C E was cut off, and (to keep the flaps in position) a pin was passed through it and the lower angle of the right flap.

Dry lint was laid over the wound, and lint placed between the raw surfaces and the lower jaw. The patient passed a quiet night; and when seen at 10 A.M. next day, union by first intention had commenced in the vertical suture, also the edges of the triangle (Fig. 2, H, I, K) on the right side had coalesced, apparently owing to a drawing up of the parts below the chin, aided by the bandage; but as the triangular piece (G, E, D) had so adapted itself that the right flap was not drawn down, it was thought advisable not to disturb the union. On the third day the lower pin was removed; but it was then apparent that the lower corner of the right flap had lost its vitality, the supply of blood having been cut off by the crossing of the ver-

tical pin. And here I would admit the use of this pin to have been an error; but as the contraction of the ulcer left by the slough did not affect the ultimate result, it was of no practical importance.

FIG. 2.



With the exception of a suspicious-looking slough at the bottom of the left triangle, which on the eighth day gave some little anxiety (but soon yielded to the application of equal parts of carbolic acid and glycerine), the healing process went on uninterruptedly, and at the end of a month the patient wished to resume his occupation, but he complied with my request to wait another week.

At this date, nearly three months after the operation, the patient is quite well, and there is no appearance of recurrence of the disease. He does not shave below the mouth, and the new lip forms a most useful substitute, and with a slight effort can be brought in contact with the upper one.

In performing this operation again, I should be disposed not to cut off the point of the triangular piece, but, slightly liberating it from the subjacent parts, let it interpose a little between the lower border of the flaps, retaining it in that position by the lowest of the hare-lip pins.

The above case is chiefly interesting from the comparative rarity of cheiloplastic operations, and as showing the remarkable restorative powers of Nature in a man advanced in life; also from the fact that, although the disease had existed so long, the glandular system was not at all affected. This latter, with his naturally healthy constitution, led me to recommend him most strongly to undergo the operation, at the same time that I fully warned him of the possibilities of the disease returning, and of other contingencies. The patient preferred not inhaling chloroform; and as there was reason to suspect a fatty condition of heart, indicated by occasional intermission of pulse, I should have been reluctant to administer it; and I believe his being conscious was a great assistance, as he exercised the most perfect control over himself, only groaning once at the first incision.

Milton-Abbas, Blandford, Dorset, 1868.

BOOT AND SPLINT FOR THE CURE OF CLUB-FOOT, WITHOUT DIVISION OF TENDONS.

BY GEORGE GREWCOCK, ESQ., M.R.C.S.

BY this instrument the generality of cases of club-foot can be cured without division of tendons. This apparatus will in a great measure, but not entirely, supplant the entire division of tendons; which, I maintain, ought never to be undertaken. From considerable experience, I believe that in the majority of cases, where the inversion of the foot or elevation of the heel is not extreme, a cure can be effected without any division. In theory, the tendons ought to unite by a strong connecting band of plastic lymph; practically, they do nothing of the sort. There is a communicating band, but it is weak and insufficient in the majority of cases to give the stability and strength necessary for the useful movements of the foot. When, however, the tendo Achillis cannot be elongated by means of mechanical extension, I have found that partially dividing the tendon on each side, cutting it about half across on the outer side, and again on the inner, will allow sufficient elongation of the tendon without permanently weakening the foot, and escaping the evil of an entire division. I have with a similar boot and splint so treated many cases of talipes &c., and find that the majority of cases can be cured without division in from two to six months.

A splint is fastened to the outer side of the leg. At the upper end is a concealed rotatory screw. India-rubber bands extend from the screw to small rings in the sole of the boot. Any amount of extension-power can be obtained. The advantages of this instrument consist in that the extension-force can be regulated and increased, whilst the tendons gradually but effectually elongate.

The instrument is made and sold by Mr. Odery, Clumber-street, Nottingham.

Regent-street, Nottingham, July, 1868.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

WESTMINSTER HOSPITAL.

STRANGULATED INGUINAL HERNIA; OPERATION; PERITONITIS; DEATH.

(Under the care of Mr. BARNARD HOLT.)

How small a part as a symptom constipation sometimes plays in dangerous and even fatal cases of strangulated hernia is well shown in the following case, for particulars of which we are indebted to Mr. R. H. Lloyd, dresser to Mr. Holt.

John M——, aged thirty-three, was admitted into Westminster Hospital on March 8th, at about 12 P.M., in a state of drunkenness, suffering from a large tumour of the right side of the scrotum, which had suddenly appeared after making a false step on the kerbstone the same evening between 5 and 6 o'clock. He states that he has suffered from hernia for the last fifteen years, but it has never given him any trouble, and he has always been able to reduce it entirely. He has never worn a truss. The tumour is on the right side, and very large and tense—about the size of a small cocoa-nut,—and is slightly constricted at the external abdominal ring, which is stretched to its utmost. There is a good deal of depression, and the patient is in much pain, tossing about restlessly. He lies on his right side, with his thighs flexed on his abdomen, which is tympanitic. The tumour is resonant over the greater part of its surface, except at the upper part, where it is dull on percussion. A sense of fluctuation is conveyed to the hand, but there is no translucency of the tumour. He had a warm bath and opium shortly after his admission, which relieved the pain; and the hernia could be partly returned, but not entirely. His bowels had been open up to the time of the accident, and he has even had a motion since his admission.

March 9th.—11.15 A.M.: Pulse 100, small. Complains of very great pain. Has been sick three times in the course of

the night, but the vomited matters have only been mucus and the contents of his stomach. The tumour has increased in size since he was admitted. Ordered to have ice over the tumour, and the following enema: castor oil and oil of turpentine, of each half an ounce; water to sixteen ounces. — Mr. Holt saw the patient at 1.45 P.M. He was immediately placed under the influence of chloroform till complete anæsthesia was produced, and an attempt was made to reduce the hernia by the application of the taxis. This proving ineffectual, the scrotum was shaved in part, and an incision about two inches and a half long was made in the long axis of the tumour, beginning a little above the external ring. In this incision, the skin, superficial fascia, and the areolar tissue were divided, and a small vessel required ligature. The dissection was carried on very carefully through the layers of tissue until the sac was reached. A small opening was made into it, and a director introduced, on which instrument it was divided to the required extent. The instant the sac was opened, the intestines bulged out, covering the knife, and a quantity of serous fluid gushed forth from both the upper and lower parts of the wound. The tendinous aponeurosis forming the external ring was notched, and the intestine returned bit by bit. The sac contained a very large quantity of intestine; the part which was first seen was of a deep claret colour, and the part that was nearest the place of stricture was deeply congested and almost black, still however preserving its glistening appearance, and there were no patches on any part of it. There were no adhesions between the sac and the intestine. The edges of the wound were brought together by several sutures, a thick pad was placed over the external ring, and the thighs tied together. Ordered fifteen minims of the sedative liquor of opium immediately; ice to be taken, and milk diet, with beef-tea.

10th.—Slept fairly; has been sick several times during the night; pulse 145, small, but easily compressible; has had an action of the bowels. He lies on his back with his knees drawn up, and complains of pain over the abdomen of a gnawing character, especially if pressed upon. The breathing is almost entirely thoracic, and the respirations 32 per minute. The abdomen is somewhat tympanitic. He has an anxious, drawn look. Ordered brandy and soda-water, two grains of chloride of mercury and half a grain of opium powder every four hours, and a mixture containing ammonia and chloric ether. In the evening the pain in great measure left him; but his abdomen became more tympanitic, and he became weaker. A little later he had five motions one after the other, and death took place at 12.30 A.M. on the 11th.

The post-mortem examination took place at 4 P.M. on the 11th of March. The body was that of a strong, well-built man. On opening the incision, no sign of adhesion could be seen except at the upper part, where there had been slight effusion of plastic lymph. On carrying the incision higher up, the small intestines, and in fact all the intestines, were found much distended with air, and glued together and to the peritoneum by masses and bands of coagulable lymph. There was a good deal of serum, tinged with blood, in the abdomen; and the small intestines were shiny and firm throughout the whole of their extent, and presented colours of a dark-brown, yellow, and green. At some spots, especially near the attachment of the mesentery, they looked as if the mucous membrane had been scarified, and the submucous tissue blown up.

Mr. Holt remarked that although, in the above case, the patient had been the subject of hernia for some years, yet it was so inconsiderable as not to occasion him any inconvenience or to require the application of a truss. It might therefore be likened to those cases where a large mass of intestine had become suddenly protruded, and where the patient was at once placed in the most imminent danger. The suffering in such instances was always severe; the peritoneum was stretched to the utmost, and the intestine pressed into the smallest space. These cases, Mr. Holt said, should be operated upon without delay. If the taxis, under chloroform, is not successful, no time should be lost, as every hour the intestine remains strangulated the danger to the patient is materially increased. In performing the operation, great care is required not to injure the bowel, which usually lies in such immediate proximity to the sac as to be easily wounded. In the present case life might probably have been saved if the operation had been performed earlier; and, whether the bowels act or not, the operation should be performed if the hernia cannot be reduced, if the pain continues, and if the patient gives other evidence of suffering and exhaustion. In a similar case in private, Mr. Holt operated in three hours after the occurrence of the hernia, and the patient was saved. He therefore urged upon the students in all cases of large hernia of recent date to study more particularly the general condition of the patient, rather than rely upon a single action of the bowels; and in those cases where the protruded intestine cannot be returned, to relieve the stricture by operation without delay.

ROYAL FREE HOSPITAL.

CASES OF VARICOCELE; OPERATIONS FOR THE RADICAL CURE; RESULTS.

(Under the care of Mr. JOHN D. HILL.)

IN drawing attention to the treatment of varicocele, Mr. Hill remarked that some ingenious operations had been devised for its radical cure by several well-known British and Continental surgeons, amongst whom might be mentioned Henry Lee, Wood, Erichsen, Ricord, Velpeau, Vidal, &c., and he had advantageously studied the special merits of these operations previous to employing the method presently to be described. We report the following cases because Mr. Hill had had the opportunity of keeping them constantly under observation up to within a very recent period; and although in principle there is nothing new to record, yet we think that the practical points which have occurred to him may be worthy of attention by those who are interested in the subject. The operation which he selected was the simple twisted suture of Velpeau, with the addition of a piece of bougie placed across the pins and beneath the ligature (as practised by Erichsen).

CASE 1.—William B——, aged twenty-two, by occupation a labourer, was admitted into the above hospital on August 8th, 1867. Had always enjoyed good health until about eighteen months previously, when he first noticed a swelling on the left side of the scrotum, which he attributed to a strain while lifting some heavy timber. This swelling gradually increased, causing him a dull aching pain in the groin and loins, which after exertion became almost intolerable. This and the subsequent wasting of the testicle induced him to seek advice.

Examination.—The scrotum hangs very low on the left side; the testicle is atrophied and soft, and the convoluted veins are large and turgid. On coughing, a very distinct impulse can be felt; but in the recumbent posture the veins can be emptied. The bowels have been well relieved.

The following operation was performed on Aug. 10th, 1867. The patient having been kept in the erect posture until the last moment, was now placed in a recumbent position; and while an assistant held aside the vas deferens, three pins, three-quarters of an inch apart, were passed behind the veins, including as little as possible of the skin of the scrotum; a piece of thick bougie, cut three inches long, was then placed crosswise; some strong silken thread was now applied to each pin in a figure-of-8 over the bougie; a small cork, a quarter of an inch in diameter, having been slipped along the pins, the operation was completed by cutting off their points immediately external to the corks.

11th.—Complains of pain in the left loin, and there is slight œdema of scrotum below pins; scrotum to be elevated with a small pillow; bowels relieved.

12th.—There is œdema between middle and lower pins; complains of a sense of tightness there. Snipped three threads of lowermost pin, with immediate relief.

14th.—Lower pin is producing irritation; pin removed; veins give a semifluid impression; bowels confined. Ordered half an ounce of castor oil.

16th.—Veins feel more solid; second pin removed; bowels well cleared out after aperient.

18th.—Veins feel firm, and their outline can be defined; upper pin removed.

21st.—Pin-holes healed up; all swelling of scrotum gone; veins feel cord-like.

22nd.—Discharged. Instructed to wear a suspensory bandage for three weeks.

Sept. 12th.—Bandage removed.

June 3rd, 1868.—Is now quite well, and able to follow his usual employment. The old veins feel like thin cords, and are not much larger than the vas deferens. There has been no return of varicosity in the supplementary vessels, and the patient thinks his testicle is recovering its size. It is not less, and is decidedly firmer.

CASE 2.—Henry B——, aged twenty-three, single, by occupation a labourer, was admitted into the hospital on the 23rd

of August, 1867. Had enjoyed pretty good health, although he was of a weakly constitution. Had suffered four years with varicocele (left), attributable, according to his own notion, to lifting heavy weights. Latterly he had been much troubled with a dragging pain in the groin. This and the wasting of the testicle caused him so much alarm that he applied for advice.

Examination.—The scrotum hangs three inches lower on the left side than on the right. The veins are very large and tortuous, and the testicle is atrophied and soft.

The same operation was performed as in the previous case on the 24th of August, 1867; after which the scrotum was well supported by a pillow.

Aug. 25th.—There is œdema of the scrotum below the pins, but no tenderness; pain in the course of the cutaneous nerves.

26th.—Tenderness about the lower pin, and swelling between the middle and lower pins. Snipped several cords of both ligatures, with immediate relief.

27th.—Swelling diminished. Lower pin producing irritation. Pin withdrawn.

28th.—Veins feel semifluid. Middle pin causing inflammation. It was removed.

30th.—Veins feel firmer.

Sept. 2nd.—Veins feel solid. Upper pin withdrawn.

6th.—Pin-holes healed; scrotum sound; veins feel hard and unyielding.

7th.—Discharged. To wear a suspensory bandage for three weeks.

28th.—Bandage removed. Veins feel cord-like.

April 22nd, 1868.—There is no return of varicosity. Veins feel like fibrous cords. Testicle firmer.

CASE 3.—Charles M——, aged twenty-four, single, by occupation a leather-cutter, was admitted into the hospital June 26, 1867. His general health had been delicate, and he was of a nervous temperament. Had suffered with varicocele (left) about three years. He fancied he had strained himself somehow, but could give no very reliable information as to an accident. He applied to the hospital because he feared his left testicle was wasting away. Moreover he had been long troubled with dragging pains in the loin and groin of the affected side, which, on exertion, became almost insufferable.

Examination.—The veins are large and turgid, the scrotum very lax, and the testicle atrophied and much softer than the right one.

On June 29th the same operation was performed as in the previous cases.

July 1st.—There is slight œdema of the scrotum, and pain in the course of the cutaneous nerves.

2nd.—Œdema between the middle and lower pins. Complains of tightness and a sense of fulness there. Several of the cords of the middle and lower ligatures were snipped with immediate relief.

3rd.—Swelling abated; veins feel semifluid.

4th.—Redness and pain around lower pin. Pin removed.

5th.—Slightly better. Tenderness still felt. Middle pin removed. Veins feel more solid.

7th.—Œdema nearly gone; veins becoming firm. Upper pin removed.

10th.—Swelling gone; veins feel firmer, and can now be defined. Pin-holes healed up.

14th.—Veins now feel quite solid, and are reduced in calibre.

17th.—Veins can now be felt as firm cords. Discharged. Instructed to wear a suspensory bandage for three weeks.

Aug. 7th.—Bandage removed. Veins are dense and unyielding, and about twice the size of the vas deferens.

May 6th, 1868.—The obliterated veins now feel cord-like. The patient is in good health, free from all local discomfort, and there is no return of varicosity in the anastomotic veins. Testicle is firmer.

CASE 4.—Richard Y——, aged nineteen, single, by occupation a labourer, was admitted into the hospital August 30th, 1867, with a large varicocele (left), which had been gradually coming on during the preceding eighteen months. He now had become greatly alarmed, because he had only just discovered that his left testicle was wasting away; but he had for a long time been troubled with seminal emissions, and pain in the loins and left groin, the latter being much increased on exertion.

Examination.—The scrotum hangs low on the left side, and the tortuous veins can be seen as large as a quill. The left testicle is atrophied, and softer than the right one.

The same operation as in the other cases was performed on August 31st.

Sept. 1st.—There is œdema of the scrotum below the pins. Bowels well relieved.

2nd.—Complains of tenderness near lower pin; also there is an erythematous blush of the surrounding part. Removed pin, and snipped three threads of middle ligature.

3rd.—Swelling less; pain and redness gone.

4th.—Veins feel semifluid; swelling absent.

5th.—Slight irritation near middle pin; removed it, and snipped three threads of upper pin.

7th.—Veins feel solid. Removed upper pin.

12th.—Pin-holes healed; veins firm and contracting; can now be well defined.

15th.—Discharged. Veins cord-like. To wear a suspensory bandage for three weeks.

Oct. 7th.—Bandage removed. Three firm cords can be felt—i. e., the obliterated veins.

July 1st, 1868.—Is now in good health, and there is no return of varicosity. The veins are to be felt as small fibrous cords, each being rather smaller than the vas deferens. The testicle is much firmer.

Remarks.—The practical points to which Mr. Hill directed his attention may be thus briefly stated:—

1st. *As to the necessity for an operation.* These patients were unable to follow their ordinary employment by reason of pain in the groin, loin, or testicle, which became increased upon exertion, notwithstanding the constant support of a suspensory bandage. Moreover, they had naturally become alarmed at the wasting of the testicle; hence the desirability of an operation.

2nd. *In the performance of the operation* there are three points worthy of notice:—1. To keep the patient in the erect posture until immediately before the pins are inserted, so as to enable the operator to make out the exact outline of the veins while distended, and thus to avoid the danger of wounding them. 2. To enclose as little of the scrotum as possible within the ligature, so as to secure direct pressure on the veins, and thus obviate corrugation or fluting of the scrotum. 3. To exert only sufficient pressure with the ligature to obliterate the veins, so as to guard against ulceration or death of the skin by tightening the ligature too much.

3rd. *As to the after-treatment.*—In these, as in all other operations for a radical cure, much depends upon the after-treatment. 1. To regulate the bowels, and obviate pressure on the venous trunks, and to support well the scrotum with a pillow. 2. To slacken the ligatures as œdema and tenderness become developed, and to remove the pins on the first approach of inflammation. 3. To remove the pins from below upwards, and to slacken the ligatures in like manner. 4. To keep the patient entirely in the recumbent posture until the veins are quite solid; and, lastly, to instruct the patient to wear a suspensory bandage for three weeks after he is allowed to get up, thus affording support to the supplementary vessels until they are capable of maintaining the current of blood.

Reviews and Notices of Books.

A Monograph on the Structure and Development of the Shoulder-Girdle and Sternum in the Vertebrata. By W. KITCHEN PARKER, F.R.S., F.Z.S. London: Hardwicke. (Ray Society.) 1868.

THE members of the Ray Society may well be congratulated, both as contributors towards the publication and as after-recipients of so splendid a work as is Mr. Parker's "Monograph on the Structure and Development of the Shoulder-Girdle and Sternum in the Vertebrata"—a massive tome, in very large quarto, comprising more than 200 pages of printed matter, and no less than 30 plates, full of well-executed and clear illustrations. The value of this publication is further enhanced by copious extracts, translated into English from certain works of the great embryologist Rathke, such as his treatises upon the Breast-bone of Saurians and upon the Development of the Chelonia.

Mr. Parker, in the course of a few concise and clear introductory remarks, avows his intention of steering clear of the Scylla and Charybdis of "final causes" and "transcendentalism," by the avoidance of all nomenclature having a teleological meaning, on the one hand; on the other, by the put-

ting away every childish thing in the guise of an "apophysis," *morphology* of parts being his golden mean, and serving as the surest groundwork for future generalisation.

Histology has not been neglected by Mr. Parker in researches which might at first sight seem to make demands upon the naked eye only. Three modes of ossification are recognised as taking place in the *accessory* as distinguished from the *axial* skeleton: that commencing in the intercellular substance of hyaline cartilage being termed "endostosis;" "ectostosis" being applied to that which takes place in the inner layer of the perichondrium, in immediate contact with the outermost cartilage-cells; while ossifications which occur primarily in the skin, in subcutaneous fibrous tissue, or in aponeuroses, are included under the term "perostosis." With regard to *segmentation*—a most important process,—this takes place in two modes: either by the fission of a tract of hyaline cartilage, or by the formation in it of two or more osseous centres.

Mr. Parker begins with the Placoid fishes—e. g., the rays; since in the lowest of the class, the suctorial lampreys and their congeners, both limb-girdles and limbs are absent, and since the correlation of the exo- with the endo-skeleton in the Ganoids—such as the sturgeon—and the Siluroids, renders the shoulder-girdle of these fishes somewhat wanting in the simplicity so necessary for a first instance. Among reptiles, the Chelonia—tortoises and turtles—offer the most interesting peculiarities in their "plastron," the true homologies of its elements having been a moot point with anatomists; some—among them the elder Geoffroy St. Hilaire—holding that its factors answer to those of the sternum of higher vertebrates, and notably that of birds; others of more recent times, such as Professors Caius and Peters, maintaining that it is equivalent to a portion only of the sternum of higher animals, part belonging to the dermal skeleton. Rathke, however, and Mr. Parker have come independently to the conclusion that the "plastron" is developed solely in the subcutaneous tissue, and therefore that the homologies accredited to it by the above anatomists have no foundation.

With the warm-blooded vertebrata morphology becomes a very complex study, owing to changes which these undergo analogous to the metamorphoses of insects. There are, however, *generalised* types among birds and mammals in which reptilian affinities may be recognised—such are found respectively in the orders of which the ostrich and platypus are representatives.

In most birds the "furcula" or "merry thought"—once held to be the homologue of the "episternum" alone in lizards and in the Monotremata—is made up of the interclavicular element as well as the two clavicles, except in the rails, some passerine birds, and most of the owls, where the clavicles meet without the intervention of the former factor. The sternum, however, in the case of birds, presents the greatest complexity to the anatomist, in that it may be parceled out into no less than three transverse and five longitudinal parallel regions. Its ribs—in all birds, the penguin only excepted—are like the vertebral ribs, ossified by ectostosis *at first*, this process being preceded by endostral deposits in the above-mentioned exception.

It has already been hinted above that marked reptilian affinities may be recognised in the order Monotremata, of which the platypus is a representation. These affinities are, however, rather with the Lacertilia and certain extinct Sauria than with the highest types,—e. g., the crocodile. More than this, too, as Mr. Parker suggests, there is actually no necessity for any avian bridge to span the very slight gulf which seems to separate mammals from reptiles; for birds have the lineaments of the osseous fishes imprinted upon the skull and face,—"the most important morphological regions."

It is impossible to overrate the important bearing which Mr. Parker's researches will have upon the *serial* as well as the general homologies of limbs; especially when the development of the girdle of the pelvis shall have been worked out in as earnest and philosophical a spirit as that which pervades the monograph upon the shoulder-girdle; and who, we ask, so fit to undertake this task as Mr. Parker?

A Collection of the published Writings of the late THOMAS ADDISON, M.D., Physician to Guy's Hospital. Edited, with Introductory Prefaces to several of the Papers, by Dr. WILKS and Dr. DALDY. New Sydenham Society. London, 1868.

THE profession is indebted to the Sydenham Society for many a good book, but we question whether it has published any which will be read with greater interest than this. When we think of the large number of works which are issued nowadays, and the wordiness and worthlessness of much that is written, and then think of a man like Thomas Addison, with his vigorous and keen intellect, engaged for years at an institution like that of Guy's—*the* physician, we may say, who gave to the medical department of that hospital "the prominent character which it has of late years held in public professional estimation,"—and the very small amount which he published, the contrast may well make us pause. What Addison gave to the world was the result of honest work, severe thought, and ripe experience; and it is refreshing to turn from many a modern medical contribution to his tersely written essays and papers. The very short biography which prefaces them is gracefully and tenderly written, and, what is more, we believe *truly* written. In the first papers, on the Anatomy of the Lung and on Pneumonia, he anticipated some of our latest observers by pointing out what was the actual condition of the lung in pneumonia, based upon a correct view of its anatomy. We have not space to dwell upon all his papers. Every one of them is well worthy of careful perusal. We cannot avoid, however, directing attention to that on the Pathology of Phthisis, which is really admirable. Addison's name will be handed down to posterity in connexion with that disease of the suprarenal capsules which he first of all pointed out; but his fame as a writer will not rest on this only, for we feel certain that future pathologists and physicians will often turn to the papers contained in this volume. Dr. Addison's observation as a clinical physician went hand-in-hand with his study of pathology and morbid anatomy. He constantly tested the one by the other, and laboured hard and successfully to reconcile the facts of both. His powers of diagnosis were very great, and these, with the value of his oral teaching, have been lost; but they impressed his pupils with the feeling that he was a man of capacious and clear intellect.

Bandages and Splints. By W. FAIRLIE CLARKE, M.A., F.R.C.S., Surgeon to the West London Hospital. pp. 112. London: Henry Renshaw.

THIS little volume is intended to form a supplement to the author's "Manual of the Practice of Surgery," and has been prepared with special reference to the recent regulations of the College of Surgeons, which require all candidates for the diploma to show a practical acquaintance with the application of surgical apparatus. We have in the work full rules in regard to the use of bandages, a description of the various bandages employed by the surgeon, and the mode of applying them in different parts of the body. The subject of splints has been dealt with in a similar way. Reference is then made to "prepared bandages," tourniquets, and the like, the whole being profusely illustrated by engravings. The little work will be eminently useful, not only to those who are actually preparing for surgical examinations, but to those learning surgery in the wards of our hospitals and infirmaries. Practitioners, too, will find much in it to refresh their memories.

MM. LUSSANA and SCHIFF, and several other Italian professors, have been named Knights of the Crown of Italy.

THE LANCET.

LONDON: SATURDAY, AUGUST 1, 1868.

THE eloquence of Mr. SIMON, and the still greater eloquence of the facts which it is his duty to investigate and to comment upon, give an interest and importance to sanitary legislation entirely new and unprecedented. The regard of the State for the public health is as old, at any rate, as the Roman law. But it is only lately that facts have been sufficiently ascertained to enable us to conceive how much legislation may one day do for the health of the people. Every year makes a difference in the boldness of the suggestions for the protection of the public from the causes of disease. Every other kind of protection is at a discount; no party of politicians will identify themselves with it; and yet here is a region of legislation in which the idea of protection grows and strengthens.

We have already, in a preliminary notice of the Tenth Report of the Medical Officer of the Privy Council, given the substance of Mr. SIMON'S last suggestion for further sanitary legislation for the protection of the public from the well-ascertained causes of disease. It is a bold suggestion. But Mr. SIMON is one of those bold men who generally proceed upon a sound basis of ascertained facts. His annual Reports are not only contributions of materials for legislation, but they are most valuable contributions towards the solution of the deepest problems in practical medicine. Here is his bold suggestion:

"It seems to me that the time has now come when, not only as regards commercial water companies, but also as regards local sanitary authorities, certain sorts of malfeasance should involve an obvious and unquestionable liability to pay pecuniary damages to persons whom the malfeasance has injured. I am not qualified to say that some liability to this effect may not at present be latent in our law, but I believe that it has never hitherto been defined or affirmed; and it is evident that in this state of the case years may elapse before any aggrieved person, unless unusually rich and public-spirited, will be willing to incur considerable legal costs in testing his so doubtful claim to redress."

Let us not blind our eyes to the gravity of this suggestion, or of the powers, at least of litigation, which it would confer. It is a suggestion to every man who may suffer from certain diseases, particularly typhoid fever and cholera—though of course the application of the same principle would be practicable in respect of other diseases,—to regard the occurrence of these diseases as in many cases a thing that has no more right to happen than a railway accident, for which somebody must be to blame, and for which somebody therefore should be made to pay. Men have hitherto regarded the occurrence of disease as an inevitable accident, or as the visitation of GOD. A better medical science, and a better theology too, lead us to regard it often as a result of the carelessness or the crime of man himself. Sometimes men bring on disease by their own indiscretion. But, according to Mr. SIMON and recent investigations, some of the more serious of the prevalent diseases originate in conditions in regard to which private men are at the mercy of companies, corporations, &c.; and these said companies and corporations ought to be responsible for injury to the health of those whom they supply with water, or whose sanitary laws they undertake to administer, so far as they have wilfully or negligently failed in their duty.

There can be no doubt as to the magnitude of the evil which Mr. SIMON seeks to prevent by this suggestion. Witness the very strong evidence adduced last year by Dr. FARR and Mr. RADCLIFFE to show that the East London outbreak of cholera in 1866 was due to the distribution of unfiltered water by the East London Water Company. Mr. SIMON estimates that from 15,000 to 20,000 persons are killed annually by typhoid fever; and probably twenty times this number are grievously sickened and endangered by the same disease. These are calamities in comparison with which the railway accidents of any given year become trifling. The last year has supplied Mr. SIMON with three striking illustrations of the occurrence of outbreaks of typhoid from perfectly definable and preventable causes. With the circumstances of these outbreaks our readers are already familiar. At Winterton in Lincolnshire, at Guildford in Surrey, and at Terling in Essex, there occurred outbreaks of fever, having such definite relation to well-ascertained and, withal, careless excremental poisoning of the water-supply of the affected persons as to leave no possible doubt as to the relation being that of cause and effect.

Such is the kind of experience which, occurring from year to year, is gradually developing our sanitary legislation; until, this year, Mr. SIMON calls for the legislative recognition of a claim for damages, not only against water companies who grossly fail in their duty of supplying pure water, but against local sanitary authorities that permit easily removable sources of disease to go on poisoning the people. Is Mr. SIMON right? And supposing him to be right in the abstract, is he too hasty? and does he take for granted too ready an understanding, on the part of water companies and sanitary authorities, of the immense power for good or evil which they have in their hands? It is scarcely possible to refuse to admit the principle of Mr. SIMON'S suggestion. The Metropolis Water Act imposes a penalty of £200 for a violation of its provisions. But this Act was passed in 1852; and our knowledge has grown enormously since then as to the extent to which we are at the mercy of water companies and sanitary authorities. Since then legislation has greatly limited personal liberty in the matter of sanitary provisions. It has given local authorities power over the owners of property, and it has given the Privy Council power over local authorities. And now we are asked to take a step further, and punish companies or authorities which by gross carelessness permit or originate disease. We are asked to punish them in the most practicable way, by making them pay damages. One great difficulty which suggests itself is in the very enormity of the evil produced by guilty companies, and therefore of the persons' claims that would arise. Another forcible objection to Mr. SIMON'S proposal is, that it would tend somewhat to vulgarise the question of public disease by associating it with litigation and considerations of personal advantage. Then the case of sanitary authorities is very different from that of commercial companies. They are bodies composed, for the most part, of members whose services are given gratuitously. As regards these, it seems to us that a little more time must be given to the operation of the Act of 1866, which virtually enables the Privy Council to supersede the local authorities. This is a severe

measure, and one which can only be regarded as penal by local authorities. The case of water companies is different; and we should not object, after the failure of other measures, to the application of the principle of a limited pecuniary liability to persons injured by the supply of grossly faulty water. But we scarcely think the time has yet come when Parliament would sanction this principle. It is impossible in these matters to legislate much in advance of public opinion. At the same time, as Mr. SIMON observed in his Report last year, the penalty of £200 is quite incommensurate to the sin of water companies which by carelessness supply fouled water. This penalty should be greatly increased. It seems to us that there wants more of skilled inspection of great sanitary works. We have an inspection of mines; surely we should have a more careful inspection of water-supplies and other local conditions of towns affecting their healthiness. This would seem to us at the very least necessary as a preliminary to the application of Mr. SIMON'S principle of liability for the payment of pecuniary damages. It would be the best means of educating companies and local authorities to the sense of their responsibility with regard to prevalent disease. In connexion with this should be a central power, as suggested by Mr. SIMON, of taking legal proceedings against offending companies. These are more dignified and less vindictive measures than actions for personal damage; but if these fail, we should have those to fall back upon.

THE observations of MM. CYON and LUDWIG, involving as they do the discovery of a physiological fact of great interest, deserve more than a passing notice. These observers believe they have established, on an experimental and sure basis, that one of the cardiac branches of the pneumogastric contains fibres which possess the remarkable power of effecting dilatation of the vessels, and of coincidently diminishing the frequency of the beats of the heart. They propose to call it the *depressor* nerve. A double interest is attached to this, since, if correct, it adds another instance to those already known of inhibitory nervous action, whilst it is opposed to the general proposition laid down by MAREY, that the heart beats more frequently in proportion to the diminution of the resistance offered to the discharge of its contents.

The nerve in question springs, in the rabbit, either from the superior laryngeal alone, or from that nerve and the pneumogastric trunk, applies itself to the carotid artery, and runs down close by, but quite distinct from, the sympathetic nerve. It terminates by uniting with branches of the ganglion stellatum, and forming a plexus between the aorta and pulmonary arteries.

The first experiment made on this little nerve consisted in dividing it, and exciting the lower cut surface tetanically by an interrupted current. The result was *nil*. On applying the same irritation to the upper cut surface it was immediately observed that the pressure of the blood in the vessels began to diminish, ultimately reaching the half, or even one-third, of the original amount, and this not only in the carotid, but also in the crural arteries—an effect that was visibly owing to a diminution in the calibre of the aorta. Coincidently with the diminution of the blood-pressure, the frequency of the beats of the heart was observed to diminish, and this occurred even when a large portion of the trunk of the pneumogastric below the point where the superior laryngeal is given off was excised. The retardation was most remarkable at the commencement of the experiment. If the experiment was prolonged whilst the pressure continued to be diminished, the frequency of the heart's action generally regained its normal standard, showing that there was no direct connexion between the two. It was further shown that the depressor nerve did not act by diminishing the *force* of the cardiac beats, and thus leading to a diminution of the pressure in the vessels; since on dividing the pneumogastric, and excising the upper portion of the sympathetic in the dorsal region and the ganglion stellatum, with all its branches, irritation of the centric cut surface of the depressor nerve was still followed by diminished pressure in the vessels. And hence, as all reflex paths by which it might have acted on the heart had been removed, the only explanation that remains is that it acts by diminishing the resistances to the onward passage of the blood. MM. CYON and LUDWIG at once set to work to determine the correctness of this opinion; and, remembering the influence stated to be exerted on the vessels by the splanchnics, they instituted some experiments on these nerves. They found that section of the splanchnics effected a marked lowering of the pressure in the vessels, whilst irritation of the peripheric cut extremity was speedily followed by exaltation of the pressure. Irritation of the centric extremity was not followed by any observed result. On thinking over these results, it struck them that the depressor nerve might act reflectorially on the vessels through the splanchnics; and the experiment suggested itself of dividing the splanchnics, when, if their view was correct, irritation of the depressor should be of none effect. Moreover, it was already known that compression of the aorta was followed by exaltation of the pressure; and it was therefore natural to expect that, if compression were made, irritation of the depressor should again be followed by very slight, if any, result. Both experiments turned out as they expected. They therefore believe they have firmly established the fact that the small nervous twig, with the above-mentioned relations, possesses the power of reflectorially diminishing the tone of the vessels, and is to be classed as one of the most striking instances of inhibitory action, other examples of which are found in the influence of the vagus in arresting the action of the heart, of the chorda tympani on the vessels of the glandula submaxillaris, and of the nervi erigentes on the male sexual organs.

DR. ARLIDGE deserves the thanks of the profession for the very able address in which he enforces the necessity of entrusting the execution of the sanitary clauses of the Factory Act to medical practitioners. It seems strange, indeed, that an enactment, exclusively sanitary in its object, should ever have been confided to the supervision of inspectors drawn from any other class. The conditions and circumstances under which labour of every kind is performed, whether these refer to the actual health of the labourer or to his protection from an undue amount or an unfit quality of work,—surely these fall within the scope of medical surveillance more properly than within that of any other. How is healthy ventilation to be secured? How are the injurious influences connected with the workshops and work to be discovered and remedied? How are noxious industrial processes to be detected and obviated? How is disease, generated under these circumstances, to be

diagnosed on the spot? How is the age of maturity for employment to be regulated generally, or ascertained in individual cases? Such are a few of the problems to be solved by the factory inspector. But, with scarcely an exception, the sub-inspectors of factories are not only not medical men, but are destitute of the very alphabet of medical education. We confess there is something peculiarly British in this mode of legislation. In France or Prussia it is the rule that all such sanitary enactments as that for the regulation of factories should not only be drawn up by men who have made the laws of health and the conditions of disease the study of their lives, but that they should be carried out, down even to their very humblest details, by men of the same profession and occupation. If a medical diploma be not exacted in those countries as an indispensable condition to filling such a sanitary post, an equivalent examination in the science of health is required as an equally necessary preliminary. With us, however, the case is different. With a view to ascertaining a sub-inspector's fitness for judging of healthy ventilation, we examine him in geography. The hours within which labour should be performed are to be regulated by an official whose ability for the task has been tested by his proficiency in the rule of three or in the civil history of England. Dr. ARLIDGE, indeed, with considerable humour, congratulates the country that the qualifications even now required in sub-inspectors are beyond the capacity of those "fashionable gentlemen about town" who are excluded from office "by an unfortunate failing on their part to spell and write something like grammatical English, or to solve certain elementary problems in arithmetic, geography, and history." Legislation, in fact, however wise, is practically useless unless properly carried out; and it is the failure in this latter condition that makes so many of our domestic enactments as futile as Penelope's web, which, laboriously built up during the day, was invariably taken to pieces again at night.

Here, therefore, is a case in which medical men ought to organise and to impress upon the Legislature a due recognition of their claims. With this object the Association of Certifying Surgeons has been instituted, and has begun, under the energetic presidency of Dr. ARLIDGE, its crusade for the bestowal of factory inspectorships and sub-inspectorships upon medical men. We have nothing to add to the plans urged by the president and in the circular of Mr. Inspector BAKER for the exclusive employment of medical men under the sanitary provisions of the Factory Act. The dullest or most prejudiced layman must admit that where the duties are wholly medical the functionary should be medical. We hope, however, that the Certifying Surgeons' Association will not confine its operations to the Factory Act. There are many other parliamentary measures for the regulation of employment in which the appointment of medical officers is as loudly called for as under the Factory Act. We need only refer to the inspection and surveillance of bakehouses, millinery establishments, chemical works, and the like, where the supervision is of a non-medical and perfunctory character. These and similar subjects of professional interest demand an organised movement on the part of the whole body of registered practitioners throughout the kingdom, not only to bring their influence to bear on the return of medical candidates to Parliament, but also to make it felt through every channel by which a non-medical candidate can be reached. The power possessed by the medical community in this latter direction is enormous; and we hope they will so far see the necessity of exerting it as to exact from every successful candidate for a constituency a pledge to devote his unbiased attention to the promotion of medical reform and amelioration. Nor will the profession only be the gainers by this enhanced recognition of medical claims. The Legislature, having, in the appointment of inspectors and sub-inspectors, a limited area of duly qualified men to choose from, will be relieved of a great deal of irksome and invidious labour. For the last fourteen vacancies of sub-inspectorships there were no fewer than four hundred applicants; and if the selection was made with anything approaching to impartiality, the task of weighing conflicting claims must have been indeed unenviable. In self-defence, therefore, the Legislature ought, in future, to make the possession of a medical diploma an essential condition of application for the post; and not only will its labours be lightened by the fact that it can hardly choose an incompetent candidate, but it will be cheered by the reflection that it is providing in the most efficient way possible for the thorough discharge of the duties contemplated under the various extensions of the Factory Act.

WE are glad to report that the new nomenclature of diseases proposed for universal adoption by the College of Physicians is now completed, and ready for general circulation. On a former occasion we stated that the object sought to be attained was the establishment of a uniform standard of comparison for statistical facts, collected not only in our country, but various parts of the world, and thus the more readily to aid in the discovery of causes of disease through a common understanding as to what each observer signifies and to what he refers in the use of particular names or terms—to ensure, in truth, a complete agreement in the comparison of diseases, and so the more correctly to estimate the influence of varying conditions of climate, age, sex, and the like. In the nomenclature the English names are ranged in parallel columns with the Latin equivalents and corresponding terms in three modern languages. The definitions of diseases are framed solely for the purpose of identification, and not as explanatory of the phenomena of diseases. The various maladies to which the body is subject are divided into general and local, and in using the nomenclature we first turn to the index, which is most copious, occupying no less than eighty pages, and the preparation of which must have entailed immense labour. This duty, together with that of secretary, devolved upon Dr. SIBSON, and his services in the matter call for special recognition and commendation. Well, in the index we find names in Egyptian type, Roman capitals, and italics; the latter are synonyms, which are not to be employed in registration, but a special number refers to the place where the correct name to be used will be found; the Roman type is for the Latin names proper, but those for common use are in Egyptian type. Against each name to be used in registering disease a number is placed, indicating the page where the disease in its legitimate position in regard to others, and its definition when thought necessary, are to be met with; and, if the number is without brackets, the exact head under which the disease is to be registered. In the body of the work it is directed that local manifestations of general diseases are to be returned amongst general diseases. When it is necessary to specify any variety of disease, it is to be indicated by being indented.

A uniform plan has been devised for arranging various forms of local diseases under the heads of the different organs attacked, and particular attention is called thereto. It will be found at pages 29 and 30 of the Nomenclature Report, and should be consulted carefully as the key to the registration of all local diseases. We gave it in substance in THE LANCET of Aug. 24th, 1867, page 230.

It is to be hoped that no delay will prevent the immediate introduction of the new nomenclature into general use. It has the sanction, and indeed its formation has been assisted by the active co-operation, of the registration bodies, the medical departments of the Privy Council and of the army and navy, and the leading licensing bodies. Dr. FARR especially has taken an active part in the matter; and Dr. LOGAN, it will be remembered, has already directed that the new nomenclature should be used after the 1st of January next; also, it is believed that speedily a large number of copies will be distributed to the registrars throughout the kingdom from the central offices, and to the medical officers of the army and navy. We urge upon the profession generally the importance of taking this nomenclature as their future guide in all certificates of death which they are called upon to give; so will they materially aid in paving the way for generalisations as to the prevalence, march, and etiology of diseases in general amongst the scattered masses of mankind—of prime moment in relation to the preventive efficacy of sanitary legislation and to the advance of scientific medicine.

Medical Annotations.

"Ne quid nimis."

THE BRITISH MEDICAL ASSOCIATION.

THE annual meeting of the British Medical Association takes place this year at Oxford, under the presidency of Dr. Acland, than whom there could be no worthier occupant of so important a post. Since the city chosen for the meeting is in a much more central position than that selected on either of the last two occasions, there will doubtless be a larger gathering of medical men, especially from the metropolis, than either at Chester or Dublin. Coming as the Oxford meeting does next after the brilliant success of Dublin, it will require all the energy of the resident medical men of the former city, backed by the prestige and hospitality for which the Oxford Colleges are noted, not to fall short of that high standard which our Dublin brethren so ably supported last year. We are confident, however, that the reputation of Oxford will not suffer in the hands of Dr. Acland and his associates.

Apart from those historical associations connected with Oxford which will doubtless prove attractive to many visitors, the scientific interest of the meeting is of no mean order. An inaugural address will be given by the President (Dr. Acland) on Tuesday evening next. On Wednesday, Prof. Rolleston will give an address in Physiology; and Prof. Haughton, of Dublin (whose genial hospitality will be fresh in the memories of those who visited that city last year), will read a paper on Sources of Vital and Mechanical Force derived from Food. On Thursday, Dr. Gull will deliver an address in Medicine; and Prof. Hughes Bennett will read the report of a committee on the Action of Mercury as a Cholagogue. In addition, on each day papers will be read in sections devoted to Medicine, Physiology, Surgery, Midwifery, and Public Medicine; under the presidentships of Sir William Jenner, Professor Rolleston, Mr. Paget, Sir Charles Locock, and Mr. John Simon respectively. Many of these will no doubt be of considerable interest, and we shall hope, with the co-operation of the authors, to lay abstracts of them before our readers, in addition to our usual report of the proceedings of the meeting. Amongst the names of intending contributors we notice those of Dr. Anstie (on Visceral Neuralgia); Dr. Ballard (on the Registration of Sickness); Mr. Bryant (on Torsion of Bloodvessels); Dr. Chambers (How shall we make our daily experience advance Science?); Mr. Clover (on Nitrous Oxide Gas); Dr. Cruise, of Dublin (on the Endoscope); Dr. Eade, of Norwich (on Phthisis); Dr. Tilbury Fox (on Contagious Impetigo); Mr. Gamgee (on Treatment of Fractures); Dr. G. Hewitt (on Uterine Flexions); Mr. B. Hill (on Prevention of Venereal Disease); Mr. F. Jordan, of Birmingham (on Orchitis); Dr. Lankester (on Prison and Workhouse Dietary); Dr. McDonnell, of Dublin (on the Claims of Bell and Magendie); Mr. May, jun., of Reading (on Aneurism of the Innominate); Mr. Paget (on Stammering); Dr. Sansom (on Anæsthesia); Dr. Spender, of Bath (on Capillary Bronchitis); Dr. Stokes, jun., of Dublin (on Periosteal Preservation in Operations); Mr. Swain, of Devonport (on Treatment of Talipes Varus); Mr. Tufnell, of Dublin (on Internal Aneurism); Mr. Spencer Wells (on Vesico-Vaginal Fistula); and others.

ARMY MEDICAL DEPARTMENT.

OUR readers doubtless perused the reply of Sir John Pakington to the question put by Mr. O'Beirne relative to the promotion of assistant-surgeons in her Majesty's British army. Owing to the increase in the establishment during the Crimean War and Indian Mutiny, promotion was much retarded; but during 1867 the rate was far above the average,—65 assistant-surgeons having been promoted. With regard to assimilating the system of promotion to that of the Indian Medical Service, it would be, we are informed, an injudicious step. In the latter the rules are, that promotion is to be regulated by length of service, and not by vacancies in the permanent establishment of the upper ranks,—the reverse of that pursued in the British army. Although the adoption of the twelve years' service of the Indian department as a title to promotion to surgeon might temporarily expedite the rate, it is believed that it would in the long run tend to retard it.

What is wanted, in our opinion, is an increase in the establishment of the rank of surgeon, and we believe that it must come to this sooner or later. The disparity which exists in point of numbers between the assistant-surgeons as compared with surgeons is striking. The administration of the department has given greater satisfaction of late than it has done for some years previously, and there is a greater disposition on the part of the profession at present to consider its claims as one of the pursuits open to young medical men. We hope, therefore, that the Secretary for War may be induced to increase the number of existing surgeons. The next competitive examination for entrance into the medical service will take place at Chelsea on August 10th; and we understand that there is a considerable increase in the number of candidates on this occasion.

MR. JOHN FLINT SOUTH.

AT the last meeting of the Court of Examiners of the College of Surgeons, on the 24th ult., Mr. South announced to his colleagues his intention of resigning his seat as an examiner, so soon as the dental examination, which has taken place during the past week, should be completed. Mr. South's resignation will in due course be received by the Council at their meeting on the 13th inst., when a special meeting of the Council will be summoned to elect his successor,—no doubt Mr. Busk, who is at last next in seniority.

While congratulating Mr. South on the step he has at length seen it right to take, we cannot but think that he would have better consulted the wishes of the profession, and his own dig-

nity, by taking it some months back. We believe that Mr. South has privately stated that he would have resigned but for the pressure put upon him, and the adverse motion brought forward last year. We can only say that that gentleman has throughout his connexion with the College fully acted up to his second name; but as constant dropping will dissolve the hardest flint, so the prospect of a renewal of the motion in question appears to have had a salutary effect on Mr. South's determination. Mr. South will retain his seat in the Council, of which he and Mr. Swan are now the only remaining life members.

THE NIGHTINGALE FUND.

WE need hardly remind our readers that more than ten years ago a very considerable sum of money was subscribed by the public to form a testimonial to Miss Nightingale, which has been commonly known as the Nightingale Fund. With the money thus subscribed an institution for the instruction of nurses in connexion with St. Thomas's Hospital has been subsidised very largely, and a lying-in ward was founded at King's College Hospital, but had proved so fatal to its inmates that it was necessarily closed (THE LANCET, April 4th, 1868). Attention having thus prominently been directed to the utter failure of one of the projects supported by the managers of the Nightingale Fund, it has very naturally been asked what amount of success has attended the nursing institution. We are not in a position to afford the information, but we think it would be satisfactory to the public, no less than the profession, to be informed officially how many nurses have thus been trained, and whether they have been found to be efficient and to give satisfaction to those who have had occasion to employ them. With the daily increasing want of good nurses it would be a matter for national regret if the Nightingale Fund failed to fulfil its intention to the utmost.

THE NEW KNAPSACK.

WE were very glad to be assured by Sir John Pakington that there was no desire on the part of either the War Office or Horse Guards authorities to prevent the introduction of the newest and best kind of pack into the Army. The plan recommended by the Committee is, we believe, all that could reasonably be expected; and it is pretty well known that it has been most favourably reported upon by those regiments in which it has been tried. From all we can learn, however, there appears to be a difficulty in adjusting it to the Highland regiments, and Colonel Carter's knapsack is a favourite with one of those corps, the 92nd. Nothing could be more frank than the way in which Sir John Pakington expressed himself on the subject. By all means let trials be made of Colonel Carter's knapsack, or any other, as well as that recommended by the Committee, with a view to the adoption of that which proves to be the best.

PUNISHMENT FOR ADULTERATION OF FOOD IN LONDON IN THE MIDDLE AGES.

IN the "Memorials of London" we find that in 1311, a baker was arrested for selling putrid bread, and in 1316 another baker was sentenced to be drawn on a hurdle through the principal streets of the city for selling "light bread deficient in weight;" and in the same year the punishment of the pillory was inflicted upon a man and a woman for selling bread of "rotten materials," and deficient in weight. In 1319 a certain William Spelyng was adjudged to be put upon the pillory, and two putrid beef carcases to be burnt under him for exposing the said carcases for sale; and in 1320 we find two cases similar to the preceding. In 1348 and 1353 the punishment of the pillory was inflicted for selling carrion,—in one case the meat being burnt under the offender. In 1351, proclamations were issued as to the sale of fish. In 1364, a seller of unsound wine was punished by being made to drink it. In the following year the punishment of the pillory was inflicted upon a poulterer for selling putrid pigeons. In 1372, a woman was punished for selling putrid soles, the fish was ordered to be burnt, and the cause of her punishment proclaimed; and we find another case of punishment by the pillory in 1381, for exposing putrid pigeons for sale. In 1390, twelve barrels of eels were ordered to be taken out of the city, and buried in some place underground, lest the air might become infected through the stench arising therefrom. An important proclamation against the adulteration and mixing of wines was issued by Henry the Fifth in 1419, and the punishment of the pillory was ordered for all who sold false wines.

If a few examples similar to the above kind were made at the present day they would be of service to the community.

WIMBLEDON CAMP.

WE had an opportunity of visiting Wimbledon, and were much gratified with what we saw. The camp was pleasant and picturesque. Lord Napier might well remark that the tents were luxurious indeed compared with what his troops had been accustomed to in Abyssinia. The arrangements seemed very good as a whole, and those of a sanitary and medical nature left nothing to be desired. The hospital marquee and surgery were, if we may use the term, very pretty little affairs. These, as well as the whole of the camp equipment, were supplied by the War Office. There was a rather unusual amount of sickness, in which the medical officers shared. Diarrhœa was prevalent, although it proved very amenable to treatment; and many cases were admitted into hospital with nervous phenomena, resulting from exposure to the almost unexampled heat. The attacks, in some instances, assumed a sufficiently serious aspect at the first to create some anxiety in the minds of the medical officers, but they all terminated favourably.

THE DRY-EARTH SYSTEM.

THE strongest possible testimony has been borne to the efficacy of the "dry-earth system," which was in use throughout the Volunteer encampment at Wimbledon. Last year the system was experimentally tried, and resulted so satisfactorily, that it was determined to adopt it this year exclusively. There can be no question that the test to which the system has thus been subjected was a crucial one, considering especially the excessive heat, which, although favourable to the rapid drying of the soil, was yet creative of other conditions increasing the difficulties attendant on fæcal deodorisation. Altogether, some 148 dry-earth closets and urinals were in operation at Wimbledon, and when it is remembered that about 40 or 50 of these closets were used daily by not less than 2000 men without the slightest annoyance to sight or smell, the measure of success is complete. It is not too much to say that no other system is possible at Wimbledon, where circumstances have all to be made to square with a temporary requirement. But if the dry-earth closets can stand the test of such repeated use as they have lately had, it seems to us to follow as a matter of course that they must be in every way suitable for the exigencies of rural districts, where the detestable open privy reigns now supreme.

That the system is destined to make great and rapid progress we cannot doubt, especially as by the Sanitary Act (1866) Amendment Act, which has passed through both Houses, it is provided that "any enactment of any Act of Parliament in force in any place requiring the construction of a watercloset shall, with the approval of the local authority, be satisfied by the construction of an earth-closet, or other place for the reception and deodorisation of fæcal matter, made and used in accordance with any regulation from time to time issued by the local authority." The earth-closet, in fact, is to become a

legalised "institution," on a par with the watercloset, and local authorities will have now the power of adopting which of the two systems they please.

As we have often before said, we look upon the dry-earth system as inapplicable to large cities; but for country towns and rural districts it offers the readiest and cheapest available means of getting over the "sewage difficulty."

We venture, further, to think that the system is admirably adapted to such places as our Mediterranean stations. It is well known that the system of drainage is thoroughly ineffective at both Gibraltar and Malta, and a fertile source of disease; and to render it otherwise would involve a considerable outlay of money. Although surrounded by the sea, and in the case of Gibraltar very considerably above its level, allowing of a good fall for drains, the rainfall is uncertain, and often inadequate for the supply of the people and the purposes of agriculture. Cholera has occurred more than once at Pembroke camp, in Malta, where the drainage is bad, from the sewers being too near the surface, conducted through a porous rock, with an outfall into the neighbouring Mediterranean. It appears to us that here at least the dry-earth conservancy might be usefully applied; and the same may be said about the new hospital at Suez, where we have been assured the difficulties in the way of drainage by water are great. At all these stations it appears to us that an experiment of the dry-earth system might be carried out with good hope of success. The climate during the greater part of the year is hot and dry, and the soil would prove valuable material to the gardener and agriculturist in places where there is such small depth of earth above the substratum of rock.

THE "PARASITIC" ORIGIN OF DISEASES.

DR. RICHARDSON, of Cayuga County, U.S., has been drinking water which, standing upon some fragments of beef for a couple of days at a time, has contained numerous bacteridia, and, subsequently examining microscopically his blood at stated intervals, he finds at the end of half an hour that between the rows of blood-corpuscles, under a high power ($\frac{1}{15}$) are apparently spherical molecules in rapid and erratic motion, but so minute as readily to escape detection except under the closest scrutiny. At subsequent examinations in an hour and a half these had become like bacteria. Those so observed were $\frac{1}{11000}$ inch in length, $\frac{1}{22000}$ inch in breadth, and constricted in the middle. One was composed of four or five joints. Dr. Richardson gives the result of his experiments in the *American Journal of Medical Science*, and concludes thus:—

"Although I am well aware that the plans adopted do not preclude the possibility of error through the introduction of living organisms into the blood after it has left the walls of its vessels, yet I think most candid inquirers will admit that the fact that an increased number of moving particles were visible after an increased dose of vibriones (contained in the draught above mentioned *whose swarming population exceeded more than twenty times the sum total of every man, woman, and child who walks upon our earth*), and at the same time *in spite* of increased precautions which the most stubborn sceptic must acknowledge would have a tendency to diminish the chances of deception, goes far to prove that multitudes, probably millions, of infusoria, thus entering the stomach, find their way into the blood in a few hours, and, retaining their independent vitality, circulate with that vital fluid through the minutest ramifications of the arteries, and penetrate to every portion of the human system. And if this be true, how strong becomes the presumption that there are other plants more deleterious in their growth or more poisonous in their nature, which also thrive under certain circumstances within the blood, and each constitute the essence, the real *contagium*, of some so-called zymotic disease, as, for example, diphtheria and scarlet fever, small-pox and measles, as declared long ago by Professor Salisbury, of Cleveland, and recently by Professor Hallier, of Jena."

The "parasitic" origin of diseases is verily assuming gigantic proportions!

THE ARTISANS BILL.

THE passage of Mr. Torrens's Artisans Bill must be regarded as the last triumph of the supreme law,—the health of the people. Property is henceforth to be not absolute. It is only to be held in subordination to the condition that it fulfils its appropriate function. Houses that generate disease are to be compulsorily dealt with. The owner is to have the option of doing what is alleged to be necessary to be done. But if he fails or refuses, the local authorities are enabled by this Bill, or rather by the Lords' amendments of it, to become mortgagees in possession of the property and its site, to borrow from the Public Works Commissioners money enough to repair or rebuild, to charge the owner six per cent. on the outlay for thirty years, in which time both principal and interest will be paid off, and the improved property handed back to the proprietor. As the Bill originally stood, the local authorities were empowered to purchase, not to become mortgagees. The Select Committee of the Lords restored the provisions altered by the Select Committee of the Commons, which made the vestries the local authorities, and gave power, in case of their wilful or corrupt neglect of duty, to the Secretary of State to compel them to act. Vestries have yet to make their reputation as efficient sanitary authorities. This Bill will only test their sincerity and efficiency, and they may rest assured that if they are found wanting they will be either compelled or superseded. Mr. Torrens may be congratulated on the completion of this laborious piece of legislation. We are glad to add that the objectionably vague clause in the Bill touching officers of health has been amended.

THE IMPROVED CONDITION OF THE POOR IN IRELAND.

THE Report of the Irish Poor-law Commissioners, lately issued, draws especial attention to the progress that has been made of late years in improved comforts as regards food, clothing, and dwellings, among the Irish poor. It is maintained that the farm labourer in Ireland is better fed, and at less cost, than his representative in England; and that the clothing of the peasantry is very superior now to what it was before the famine times; rags being the exception instead of the rule. With regard to dwellings, it is stated that more than 400,000 of the worst class of cabins have disappeared since 1841, and although the habitations most numerously met with now are ill-lighted, and much inferior in cleanliness and comfort to an English cottage, yet they have one sanitary advantage in respect of ample ventilation, which atones for many other defects. The Commissioners say that, compared with the ceiled bedrooms of the indigent poor resident in towns, the thatched cabin of the Irish peasant is wellnigh free from that most active and fruitful source of fever, the presence of a highly vitiated atmosphere. The rate of mortality by fever in unions containing large towns is more than double that of unions with a rural population.

But the most remarkable proof of the improved condition of the peasantry is found in their comparative freedom from epidemic disease during the last eighteen years. Prior to the great famine in 1846-9, the prevalence of fever, induced by severe privation, was a yearly occurrence, and epidemics succeeded closely upon each other, sweeping away hosts of victims to typhus, small-pox, scarlet fever, and other forms of pestilence; in two years and a half, beginning from 1817, it was estimated that one million and a half cases of fever occurred. Since the famine no serious epidemic has prevailed, excepting the partial visitations of cholera in 1854 and 1866; and although the seasons of 1860-2 were such as to excite a predisposition to disease—"an epidemic constitution," as it has been called,—yet the result clearly exhibits "the narrow limits to which its influence has been restricted by the generally improved condition of the population, and by the supe-

rior means of contending against contagious disease now afforded by the Poor Law and the Medical Charities Act." The Commissioners, however, do not suffer present immunity from disease to abate precautions against still possible eventualities, and they maintain 10,000 beds in the workhouse hospitals for fever patients—a sufficiency, as they believe, to cope with any extent of epidemic contagious disease likely again to be seen in Ireland.

WORKHOUSE MEDICAL OFFICERS AND THE POOR-LAW BOARD.

WORKHOUSE medical officers, when reporting to the Poor-law Board on the state of the wards under their charge, must remember that their communications are not considered confidential. Mr. Guazzaroni, the medical officer of the Kensington Workhouse, having reported certain defects in ventilation &c., the Poor-law Board have written to the Board of Guardians, calling attention to the defects, and recommending their removal. It is fortunate that the gentleman in question is permanently appointed, and possesses the confidence of the guardians. But were his appointment annual, we can scarcely imagine a method of proceeding more calculated to produce a want of cordiality than the one pursued. We would earnestly recommend medical officers, if only as a matter of courtesy, to lay before the guardians a copy of their reports to the Poor-law Board; and we think that a Poor-law inspector should be made personally responsible for any suggestions for improvements which may arise therefrom.

SOCIAL SCIENCE ASSOCIATION.

WE are glad to observe that amongst the questions to be discussed in the Economy and Trade Department are the following:—

"To what classes, and on what conditions, should out-door relief be administered?"

"What are the social results of the employment of girls and women in manufactories and workshops?"

The discussion of these questions, and of those we published a week or two since as selected for the Health Department, will render the meeting one of much interest to the profession.

STATE RECOGNITION OF SCIENCE.

WE are glad to see that Mr. Disraeli, while fully and eloquently admitting the claims of Lord Brougham to a monument in Westminster Abbey, followed up the proposal by asserting with still greater urgency the title of Michael Faraday to recognition by the State. The Premier's eulogium on the deceased philosopher was remarkable alike for its appreciation and its cordiality, and may be accepted as a proof that the claims of science will receive from the present and future Governments a heartiness of acknowledgment hitherto denied to them. Science—above all, medical science—is daily proving itself of still greater importance in domestic legislation; and it is much that its votaries will henceforth work in the assurance that during life their beneficent labours will obtain material reward, and that after death they will have monumental commemoration.

JAMAICA.

THE Executive of Jamaica has proposed to form a Government Medical Establishment; the several parishes in the island being divided into such number of districts as may be deemed necessary, having reference to the area and population and to the funds available. It is proposed that to each of these districts medical officers shall be appointed, whose duties will consist in taking charge of sick paupers on the parochial roll, of the inmates of hospitals and dispensaries which are to be established, and of the constabulary and immigrant labourers, also in advising the Government on questions of public health. The salary of the medical officer is not to exceed £200 a year, and *he is to be removed at the pleasure of the Governor*. But he may also take private practice.

We want to know more of this scheme. Who is to find the drugs, the Government or the medical officer? Medical men have lately been much needed in some parts of Jamaica, but there has been no prospect of even moderate success hitherto, and we are not inclined to believe that the new bait of the Colonial Government will be regarded as satisfactory.

THE UNIVERSITY OF EDINBURGH.

PROF. CHRISTISON has been appointed temporarily to discharge the duties of Vice-Chancellor in the University of Edinburgh. Under ordinary circumstances this arrangement would be unobjectionable. But considering the present circumstances of the University, we think it is open to objection. Dr. Christison is known to have taken a most active part in opposition to Sir James Simpson's election as Principal. He is the chairman of the committee of the legal candidate for the representation of the University in Parliament. It is doubtful whether his appointment under these circumstances will contribute much to the peace of the University, or to the happy conduct of the present contests. We sincerely trust that the hopes of Mr. Gladstone's friends will be realised as regards the Chancellorship; that the University may have a principal official who will be able to view university questions apart from the prejudices and passions of the mere place. The University of Edinburgh is too much of a national institution to be made a field for the display of personal feeling and rivalry.

THE HEALTH OF LONDON.

LAST week the mean temperature of the air was 69·2°, or 7·6° above the average of the corresponding week in 50 years, according to Mr. Glaisher's observations. If anything, there was a little less heat than in the week preceding, but the difference was not sufficient to avert the unfavourable influence which great heat combined with continued drought always exercises on the populations of great cities. The registered deaths amounted to 1885 in the week, or more by 243 than were recorded the week before, and 310 more than the weekly average of the season. The deaths from diarrhœa have risen from 340 to 442, and by the more serious choleraic form of disease from 37 to 58. It is to be noticed that the mortality from diarrhœa, unlike that from true cholera, is pretty equally diffused through the various water-fields of London. Zymotic disease caused 800 deaths, or 43 per cent. of the total mortality, the corrected average being only 631 deaths from this class of causes. Of the 58 deaths returned under the head of "cholera," 38 were of children under 1 year of age, 8 aged 1 year, and 4 between 2 and 5 years, leaving 7 cases of adult death resulting on attacks of cholera not exceeding thirty hours' duration. It is abundantly clear that the sanitary authorities have need to exercise vigilant supervision just now, and disinfectants ought to be plentifully distributed, that the bad effect of noxious smells which abound in dry weather may be counteracted.

Five deaths are returned as having been caused by scarlatina at Sydenham, of which suburban locality the *South London Press* gives a most unfavourable account in regard to its sanitary defects. Deficient water-supply, bad drainage, and the thermometer at 150° or 160° in the sun, are concurrent circumstances which favour the development of epidemic germs.

The mortality from diarrhœa showed a further increase during last week in nearly all the large towns: the annual rate of death by this disease was in Newcastle-upon-Tyne 4, in Bristol 6, in London 7, in Liverpool and Sheffield 9, in Manchester and Salford 10, in Hull 11, in Leeds 12, in Birmingham 14, per 1000 inhabitants.

WE are in a position to state authoritatively that it was never intended by Lord Lifford, should Lock hospitals be established in connexion with general hospitals, that any countenance should be given to their gratuitous medical administration. The Lords' Committee on Contagious Diseases, moreover, did not suppose, as far as we can learn, that any Government would sanction such a step.

THE severe strictures passed by the French medical journals upon the proceedings of the recent *concours* for the nomination of hospital physicians and surgeons, have been productive of good results. A committee, consisting of well-known nosocomial physicians and surgeons of Paris, has been appointed by the administration of the Assistance Publique, with the object of thoroughly investigating the question. It is to be hoped that their deliberations may have the good effect of disengaging such a valuable institution from the flaws and inconveniences to which its working has recently laid it open.

WE learn from an excellent article in the *Daily News* on "The Drought and the East London Poor," that the East London Water Company have within the last few days officially notified that "in consequence of the unusual evaporation and the continued drought, which materially affect their means of supply," it will probably become necessary to diminish the quantity supplied in their district. This diminution, it is said, has in some cases taken place—a circumstance which is in every way regrettable. That the Company have not the means of meeting the legitimate demands of the consumers shows clearly enough that a different source of supply than rivers liable to exhaustion must sooner or later be sought for the metropolis. We await patiently, but with the utmost interest, the long-promised Report of the Water-Supply Commission.

THE scale of medicines ordered to be used in all merchant ships has been again amended, and was published last week. When the Merchant Shipping Act of 1867 became law, this scale was completely revised by the medical officers of the Board of Trade, and, among other changes, it was deemed advisable to substitute carbolic acid for Burnett's solution of chloride of zinc. There is little doubt that the former preparation is preferable to the latter for use on board merchant ships, because it is cheaper, and, in the form generally used, less liable to be mistaken for any other drug. We are, therefore, surprised to find that Burnett's solution is restored in the amended list, and fail to see the object of compelling ships to take two preparations, both of which are intended to fulfil the same purpose. It is not likely that the authorities at the Board of Trade would make this costly addition to the scale without first consulting the professional officers by whom that scale was revised; and we are at a loss to conceive for what reason those gentlemen have recommended a change that militates against the simplicity without increasing the usefulness of the mercantile marine medicine chest.

WE have been requested to state that, at the meeting of the British Medical Association at Oxford, an exhibition room will be set apart as a temporary museum. It is proposed to collect in it any objects of professional interest recently obtained—such as instruments and surgical appliances; casts, models, photographs, drawings, &c., illustrating subjects in connexion with medicine or surgery; new drugs or pharmaceutical preparations; pathological preparations; new books, especially those containing illustrations; models &c. of inventions relating to hygiene, &c. As far as may be, objects exhibited ought to be new within the last twelve months, but this limit need not be rigidly observed. All objects intended for exhibition should be consigned to the care of Dr. Gray, the University Museum, Oxford. Exhibitors must defray all the expenses of packing, carriage, &c. No object can be displayed unless accompanied by a concise description.

M. TARDIEU, President of the Academy of Medicine, has taken alarm at the vast number of so-called sovereign remedies for hydrophobia which have recently covered the pages of the French journals. He is afraid that they may be productive of the worst consequences in inducing a false security. Upon his proposal, the *Comité de la Rage* of the Academy has forwarded to the Minister of Agriculture a complete report on the subject, for the purpose of being inserted in the official *Moniteur*.

AT the last meeting of the Committee of the Dumfries and Galloway Infirmary, it was announced that Mrs. Laurie, of Maxwelton, had expressed her intention of giving the munificent sum of £5000 to aid in the improvement of the institution as regards its arrangements for the sick and convalescent.

THE *Builder*, with its usual care for the sanitary interests of the public, insists on the importance of ventilation in houses and workshops. There is no doubt as to the enormous evil which accrues from want of ventilation, especially in the production of strumous and phthisical disease. Our contemporary says that it is known how ventilation could be effected, and that if the Metropolitan Board of Works and the vestries would take the duty in hand, not piecemeal, but on a well-organised system for the whole metropolis, the great end could be accomplished. Great is the guilt of the Board and the vestries, if they have power of this kind and are not using it.

WE are extremely sorry to learn from Netley that Professor Longmore is indisposed, and sincerely trust that thorough rest may soon restore the health of so valuable an officer and amiable a man.

DR. GAIRDNER, of Glasgow, in his last monthly report on the health of that city, notices a point which is frequently lost sight of in comparing winter and summer rates of mortality in towns,—namely, the large migration of their populations into the country in summer, which takes many deaths fairly belonging to the towns out of their record, unduly raising, of course, the country mortality.

DR. WILLIAM MOORE, whose scholarly attainments are well known in the profession, has been elected to the distinguished post of King's Professor of Medicine in the School of Physic in the University of Dublin. The other candidates were Drs. Freke, H. Kennedy, Foot, and Sutton.

IT is proposed in Harrogate to raise a memorial to the late Dr. Kennion, one that should be a conspicuous object in the place, and the general feeling seems to be in favour of a statue. Preliminary meetings have been held.

WE remind our readers that the Medico-Psychological Association will hold its twenty-third annual meeting at the College of Physicians of London on Tuesday next, under the presidency of Dr. Sankey. The morning meeting will be held at 12 noon, the afternoon at 3 P.M. Dr. Lockhart Robertson will deliver an address at the former, Dr. Sankey at the latter time. In the afternoon an important paper will be read by Professor Laycock, of Edinburgh. The annual dinner will be held in Willis's Rooms at 7.30 P.M.

THE Spanish Government, believing firmly in the doctrine of contagion, have taken the strictest measures of quarantine, on account of the epidemic of cholera which has broken out in Morocco.

As we have been in this country somewhat startled by the occurrence of an unusual number of cases of sun-stroke, it will create no surprise to hear that the same disease has, of late, appeared in some parts of India. We learn by the Bombay mail that the weather was extremely hot during the beginning of June last, and accompanied by a scorching land breeze and considerable electrical disturbance. At Kurrachee and Hyderabad there were a good many cases of insolation among the troops, several of which proved fatal. Mr. Otway, it will be remembered, put a question to the Secretary for War in the House of Commons as to the occurrence of several cases of heat apoplexy among the soldiers of the 36th Regiment and their families at Kurrachee.

WE are requested to state that Sir James Simpson's name was introduced without his authority into Mr. Campbell Swinton's Committee list, as published last week in an advertisement.

THE Medical Committee of the Department of the Bouches du Rhône (Marseilles) will award a gold medal to the best memoir sent in before March 1st, 1869, on the Cruciferæ, their employment in medicine, and the best mode of preparing their pharmaceutical products.

The Medical Society of Lyons will recompense the best memoir sent in before August 15th, 1869, on the following question: "Pathogenesis of Non-traumatic Hæmorrhages; their clinical characters, and their treatment, according to the different conditions under which they arise."

MR. BEAUMONT, surgeon, of Cheshunt, the co-respondent in a late action in the Divorce Court, has, we are informed, moved for a new trial.

PROF. DENONVILLIERS, who had been appointed to take Jarjavay's chair of Clinical Surgery at the Hôpital de la Clinique, has preferred retaining his present chair of Surgical Operations at the Faculty.

A SPECIAL Skin Department has been formed at St. George's Hospital, and for the present is placed under the charge of Dr. Barclay. Westminster Hospital also has followed a general example in this respect, Dr. Basham having set aside six beds for clinical skin cases.

THE Treasury have granted an inconsiderable pension to Dr. R. M'Donnell; but that gentleman is just the one whom we feel sure will not be thus prevented from bringing under the notice of Parliament the very questionable proceedings at Mountjoy Prison, Dublin, on which a few weeks since we offered some comment.

SEVERAL cases of hydrophobia have been observed in the Paris hospitals. In one, which has just terminated fatally at the Hôpital Necker, the patient had been bitten by a lap-dog which presented all the appearances of perfect health.

TENTH REPORT OF THE MEDICAL OFFICER OF THE PRIVY COUNCIL.

No. II.

WERE there any signs of flagging in the general interest which has lately been excited in the professional mind by the recent researches into the history of phthisis, the two able reports in Mr. Simon's Blue-book, by Drs. Buchanan and Sanderson, would rekindle it. As it is, these further investigations appear most opportunely to lend additional aid in unravelling the etiological and pathological relations of a disease which stands very high in the list of causes of death in this country. We proceed to notice, first of all, the report of Dr. Buchanan on "The Relation of Phthisis to Dampness of Soil." It will be recollected that in the last annual report of the Medical Department of the Privy Council, an account was given of certain remarkable falls in the percentage of deaths in phthisis in direct relation apparently to the degree of drying of the soil, as in Salisbury, where it amounted to 49 per cent., Ely, Rugby, Banbury, and other places. Enough was found to warrant a closer and more extended examination of the question; and, on the representation of Mr. Simon, "my lords" directed Dr. Buchanan to pursue the thread of his former discovery, and this he accordingly did in the fifty-eight registration districts of the counties of Kent, Surrey, and Sussex, where the characters of the surface and subsoil are best known. The materials for the report were ample: Parliamentary returns giving for each district the mean consumption rate in the ten years 1851-60; local inquiries, with the object of correcting errors of general recurrence; census returns of 1841-61; the facts collected recently by the Geological Survey; information from medical men, surveyors, and others having intimate knowledge of peculiarities of soil or people. The various districts were then examined by the light of these aids for the true phthisis rate, and for the relation between the kind of soil, and the amount of population resident thereon; the two series of facts being as far as possible combined, so as to give a final result.

Dr. Buchanan tells us that in attempting to get at the true consumption rate, every element likely to thwart approximate comparisons was duly estimated. "Conditions whose influence has been examined, and more or less successfully allowed for, are:—1. Rapidly increasing population, and varying rate of increase, a consideration which has required the re-calculation of many figures in the Parliamentary returns. 2. The inclusion of much consumption with other diseases of the lungs which has presumably taken place in certain districts. 3. The influence of hospitals and other public institutions in increasing the mortality from consumption in the districts in which they are situated. 4. The use of particular parts or resorts for consumptive invalids. 5. The special circumstances of large bodies of the male population, particularly in camps and dockyards." And other matters have been duly allowed for as regards their influence: the urban or rural character of the population, its poverty or comparatively good wages, the peculiarity of diseases in districts, and the like. We mention this to show how thorough the investigation has been. Dr. Buchanan remarks, however, that the influence of the above conditions has been thrown into the shade beside the larger one of soil. At starting, Dr. Buchanan arranges, in the order of their proper mortality from consumption, the fifty-eight districts before referred to, and their position is determined by the mean of the consumption rates of the two *sexes* together. The first twenty, for instance, rank as follows:—Dartford, Epsom, Milton, Godstone, North Aylesford, Dover, Bromley, Steyning, Chertsey, Croydon, Cranbrook, Richmond, Kingston, Eltham, Blean Bridge, Gravesend, East Grinstead, Reigate, Eastbourne; and the ten worst in this respect are in order thus:—West Ashford, Lewes, Tenterden, Horsham, Westhampnett, Midhurst, Thakeham, Petworth, Westbourne, and, lastly, Chichester. Sheppy and Hastings are probably the two places with the lowest consumption rates. The next point was to define the geological peculiarities of the several districts, the dips of beds, the elevation and slope of the surface, the water-holding qualities of the latter, and the nature of the subjacent formations, having been specially taken into account. A series of tabulated statistical particulars is given in illustration of this subject. The first conclusion to be drawn is that there is a close similarity between the order of districts in regard to consumption rates and the dryness or wetness of soil. In examining this point an attempt was made to place the districts in order according to the number of the people living on a wet or dry soil; but this was impossible because so many differences of degree in regard to slope, perviousness of soil, and the like, exist. "But," says Dr. Buchanan, "although it is impossible to make the desired classification of all the districts, and although the evidence concerning influence of soil is after all best shown by the detailed study of particular districts, there are two ways in which the results of this inquiry may be summarised, so as to present the facts in a prominent way. The one (A) is to take groups of the districts in the order in which they stand for phthisis, and examine these groups as to general perviousness or imperviousness of soil, trusting to the considerations of elevation, slope, &c., for compensating each other in the

group.....The other (B) is to select out of the fifty-eight districts such as are most comparable with each other in regard of their position and geological structure, and to see how their phthisis is affected by the perviousness or imperviousness, elevation or lowness, slope or flatness, in the members of such limited series."

By the method A, it is seen that a large number of people live in the most phthisical districts, on retentive soils. By the method B it is seen (1), that in comparable districts, where there is least phthisis, the population live on sands; where the phthisis is more abundant, on clay. This is seen in the Wealden area of the south-eastern counties, as the following table shows—the places are arranged in the order of the

Order of district among the fifty-eight districts, in order of phthisis mortality.		Per-centage of population resident on						Total on	
		Higher beds, mostly lower greensand.		Weald clay.		Hastings beds.		Sands and half gravels over weald clay.	Clays and half gravels on weald clay.
		Sands of.	Clays of.	With gravel.	Without.	Sands of.	Clays of.		
2.	? Hastings	—	—	—	—	95	5	95	5
15.	Cranbrook	—	—	1	6	82	9	82	18
22.	East Grinstead ...	—	—	—	12	82	6	82	18
23.?	Tunbridge	—	1	24	7	64	4	76	24
25.	Uckfield	—	—	—	1	87	17	87	17
28.	Hambledon	49	—	20	31	—	—	59	41
29.	Battle	—	—	—	—	80	20	80	20
40.	Rye	—	4	—	—	79	17	79	21
42.	Maidstone	43	1	45	11	—	—	66	24
43.	Cuckfield	21	1	—	25	48	5	69	31
46.	Hailsham	—	—	—	34	61	4	61	38
47.	Ticehurst	—	—	—	—	67	33	67	33
51.	Tenterden	—	—	—	29	42	29	42	58
53.	Horsham	—	—	—	56	44	—	44	56
56.	Petworth	30	—	—	70	—	—	30	70

phthisis mortality,—Hastings having the least, and Petworth the highest; and it will be seen that this is closely connected with the respective amounts of sand and clay in each district. 2. In the same character of soil, a great difference is made by elevation in its perviousness; or, to put it as Dr. Buchanan does, "it is evident that *within the limits of 'pervious soils'* may be included very great range of wet and dry soils, according to the elevation of the ground and the dip of subjacent impervious beds." This notably affects the prevalence of consumption; and it is an important consideration. A pervious surface (gravel), with an impervious subsoil (London clay), with good elevation, has little phthisis, as at Epsom, Chertsey, Croydon, Hoo, Richmond, or Kingston; but with even a pervious soil (gravel) lying low, there is a great amount of disease, as at Chichester; and the principle here involved holds good in other soils and formations, chalk for example.

"No soil is drier than chalk when it has a fair elevation; it is so dry, indeed, that at its higher parts there are no streams, water cannot be reached by ordinary wells, and the people seek less elevated ground to supply themselves with the necessary element of water. In many districts the bulk of the population who live on chalk occupy valleys with the water-line in the chalk not many feet below their houses; and in the south of Sussex a still greater degree of wetness is reached, for a large part of the area reckoned as chalk is a flat plain on the sea level, covered by gravel, with the dip of the chalk here and there inland. If, with this preface, reference be made to the description of various districts which have a majority of their population on chalk, it will be seen that the position, as regards consumption, of those districts will on the whole represent the order in which they would stand if they were arranged according to the better or worse elevation of the chalk area on which the population live. Thus, North Aylesford, Thanet, and Dover, which stand together seventh, eighth, and ninth among the 58 districts, have their inhabited chalk areas far more elevated, and their water better carried off, than Worthing, Lewes, and Westbourne, which are respectively 48th, 50th, and 57th on the list. And if the intermediate chalk districts be compared, then it is still found that they range themselves in much the same order in regard of consumption and in regard of the high or low situation in which their population lives."

Dr. Buchanan refers to the population living on lower Greensand, and here again elevation has its usual influence. In connexion with impervious formations we learn, in regard to two pretty extensive formations, London clay and Weald clay, that "they differ very importantly from each other in three chief respects—(1) London clay in its main extent through the three counties forms long slopes and notable hills; Weald clay forms sometimes gently undulating but for the most part flat level ground. (2) London clay over large tracts is covered by beds of gravel reaching to many feet in thickness; Weald clay has only very local gravels disposed in undulations of the clay, and rarely at all thick. (3) Weald clay is always bounded immediately to the north and south by higher ground, so that other beds drain more or less into its area; London clay forms a more open country, and the direction of drainage from other beds is generally away from it. All these considerations show that the London clay has commonly a much less degree of wetness than the Weald clay." And the difference is striking as concerns the consumption rates, as we might expect. After alluding to the case of alluvium, Dr. Buchanan sums up as follows:—

"1. Within the counties of Surrey, Kent, and Sussex there is, broadly speaking, less phthisis among populations living on pervious soils than among populations living on impervious soils.

"2. Within the same counties, there is less phthisis among populations living on high-lying pervious soils than among populations living on low-lying pervious soils.

"3. Within the same counties, there is less phthisis among populations living on sloping impervious soils than among populations living on flat impervious soils.

"4. The connexion between soil and phthisis has been established in this inquiry (*a*) by the existence of general agreement in phthisis mortality between districts that have common geological and topographical features, of a nature to affect the water-holding quality of the soil; (*b*) by the existence of general disagreement between districts that are differently circumstanced in regard of such features; and (*c*) by the discovery of pretty regular concomitancy in the fluctuation of the two conditions, from much phthisis with much wetness of soil to little phthisis with little wetness of soil. But the connexion between wet soil and phthisis came out last year in another way, which must here be recalled—(*d*) by the observation that phthisis had been greatly reduced in towns where the water of the soil had been artificially removed, and that it had not been reduced in other towns where the soil had not been dried.

"5. The whole of the foregoing conclusions combine into one—which may now be affirmed generally, and not only of particular districts—that *wetness of soil is a cause of phthisis to the population living upon it.*

"6. No other circumstance can be detected, after careful consideration of the materials accumulated during this year, that coincides on any large scale with the greater or less prevalence of phthisis, except the one condition of soil."

It has come to the knowledge of both Dr. Simon and Dr. Buchanan that in the year 1862 Dr. Bowditch, of Boston, drew

attention to the remarkable inequality of the distribution of phthisis in Massachusetts, and, as far as he was enabled to ascertain, explicable by differences in the dampness of soil. The republished work of Dr. Bowditch reached Mr. Simon only after the completion of Dr. Buchanan's report, the latter gentleman having been unable to obtain a copy of the original pamphlet. The conclusions of Dr. Bowditch have been applied, it seems, by the Registrar-General of Scotland to the case of the eight principal towns of Scotland, and it has been found that in these cases the stated relation of phthisis to dampness of soil is apparent there also. The conclusion arrived at by both Dr. Bowditch and Dr. Buchanan, Mr. Simon now ranks amongst "the scientific certainties" of the day. Dampness of soil is one of the chief factors in the causation of phthisis, and the relation of this doctrine to the potential efficacy of extended drainage it is easy to comprehend. We have no space now left to enter into a consideration of Dr. Sanderson's labours, but hope to do justice to them on another occasion.

REPORTS

ON THE

ADMINISTRATION OF OUT-DOOR MEDICAL RELIEF IN THE METROPOLIS.

No. V.

THE guardians pay for and dispense the drugs for the out-door poor in about one-third of the metropolitan unions or separate parishes. In a few the practice has been adopted many years, but in several—to wit, Poplar, St. George's-in-the-East, and St. George's, Hanover-square—the arrangement has been introduced within the last twelve months. The objections to the more common system of including the drugs in the salary were clearly stated by Mr. Gathorne Hardy when he proposed the Metropolitan Poor Bill. He said that "drugs should be supplied by the guardians, and that the conflict between interest and duty, which must arise when the medical officer is required to provide them out of his salary, would be thereby prevented. The drugs would be obtained of the best quality, and the poor would receive them without improper stint." It is an impression not by any means confined to the poor, that medical officers are in the habit of using a different class of medicines for their pauper patients. One medical officer stated that the poor have frequently asked him to allow them to pay for the medicines; and another that some of his parish patients have requested to be supplied from the best portion of his stock. This impression is a great source of want of confidence in the medical officer's skill, and probably arises from the necessity of preparing large quantities for the purpose of dispensing without delay. It also arises from the arrangements often made to receive the pauper patients in a separate house or consulting-room. But we regret to be obliged to state our conviction that the charge of supplying cheap and inferior medicines is by no means without foundation. One of two things is certain, said the clerk of one union—either that the poor require more medicine since it has been paid for by the guardians, or the medical officers used to be much more economical; for the cost of the drugs is nearly equal to their salaries. It is not on such an indefinite statement, however, that we should dare to make so serious a charge, but if we compare the cost of drugs when paid for by the guardians with the salaries of medical officers who pay for them themselves, we can only explain the facts either by supposing that the latter are great public benefactors, who not only give their time and services for nothing, but pay largely out of their own pockets besides, or that the drugs supplied are both inferior and scanty.

At Islington the cost of drugs last year was about £400. The dispenser's salary is £104, and the assistant's £52: the total cost of drugs and dispensing is therefore £556. One-fifth is supplied to the inmates of the workhouse, whose cases are probably more serious and of longer duration than the rest. This would give £445 a year, as the cost of drugs supplied to the out-door poor. The number of patients last year was 14,108; which proves the cost of drugs and dispensing to be about 7¼*d.* per case. This sum is, however, unusually low. The medical orders are only good for six weeks; whereas in most cases they are renewable once a quarter, or even less frequently. Moreover, although there is ostensibly no restriction whatever in the supply of drugs, there are several formulæ in their special Pharmacopœia which savour of undue economy. Thus chalk mixture is ordered to be made without gum acacia or aromatic confection. We have no particular faith in this somewhat old-fashioned prescription; but we should have considerably less in a simple mixture of chalk and peppermint-water, than when aromatic condiments are added.

In the neighbouring parish of St. Luke the guardians have also found the drugs for many years, and there is absolutely no restriction whatever as to the quantity and quality of the medicines. A written prescription is most properly required before any medicine is dispensed, and it is carefully entered in a book kept for the purpose. During the quarter ending Christmas last 14,520 prescriptions were dispensed; and as there are about 7000 patients per annum, each patient receives about eight supplies of medicine, lasting on an average about three days. Last year the payments for drugs, which are purchased of the best wholesale houses, amounted to £360. The salary of the dispenser is £104. One-fifth is supplied to the inmates of the workhouse. The cost of drugs and dispensing is therefore £372, or as nearly as possible 1½*d.* for each prescription and 1*s.* for each patient.

Once more. At Mile-end the medical officers are not permitted to engage in private practice, and can be under no temptation whatever to undue extravagance; whilst they are permitted to order whatever remedies they think proper. The drugs supplied to the East and West districts, and the dispenser's salary, may be reckoned at £166 for the half-year ending Lady-day last. 4230 patients were attended, and 19,374 prescriptions were dispensed, each prescription ordering a supply for three days. The cost of each patient is therefore 9*d.*; that of each prescription 1¼*d.*

We may therefore fairly conclude that every pauper patient requires, on an average, six prescriptions for a three days' supply of medicine; and that each prescription costs 1¼*d.*, and the patients 9*d.* each.

With this standard before us, let the salaries of certain medical officers be compared with the number of patients they attend. The worst case is that of a medical officer who has charge of one of the most unhealthy districts in the metropolis. Overcrowding, want of water, close courts, and ill-drained houses afford a permanent home for zymotic disease and pauperism. The gravest cases are submitted to his care and treatment. He receives nearly 3500 orders in a year, and his work has been perpetually increasing, whilst his salary remains the same. He receives about 5*d.* per case, or rather more than half that which ought to be required to find the drugs. Can anyone seriously believe that this benevolent person not only gives up five or six hours per day to the execution of his duty, but puts his hand into his pocket to the extent of £50 a year. Is it not far more probable that he does the best consistent with his interest; and that Epsom salts, nitre, quassia, and carbonate of ammonia are his chief remedies? Nor is this by any means an isolated example of salaries which, if properly expended, would not supply the necessary drugs. In another district the salary is 6*d.* per case; in another 10*d.*; whilst in several others it does not exceed 1*s.*

But even where the payment is somewhat higher, there is no guarantee that the proper medicines are supplied. No guardian or Poor-law inspector has ever been known to make inquiries on the subject, or to visit the surgery of the medical

officer to see whether he even possesses, much less dispenses, the medical and surgical appliances absolutely requisite for the treatment of the sick poor; the fact being that, under this wretched system, inquiries would reveal too much and expose evils which would not bear the light of day. Nevertheless, we have ventured upon this dangerous ground; and it is with great satisfaction that we bear testimony to the generally proper equipment of the surgery and the careful dispensing of the medicines, even when it is most obvious that the salary scarcely pays the drug bill and the necessary assistant. Over and over again we have been convinced that the work is fairly done, at the cost of considerable sacrifice of comfort, convenience, and health. But we should be neglectful of our duty to the public, the poor, and, more than all, to the profession, if we did not state most clearly that this is not invariably the case. We visited at least one surgery where there was apparently a painful deficiency of pharmaceutical resources. We found upon inquiry that the proprietor was fearfully overworked. He had attended more than 2000 cases in the year, besides a considerable number of accouchements, for which he had no extra pay. He had more than 300 cases of small-pox in a single quarter. He makes from twenty to thirty home visits daily, and during the epidemic noticed they reached to eighty. His private practice has been literally destroyed; and he has now no source of income except his salary of £120 a year, or 1*s.* 2*d.* per case. If the drugs were supplied on the scale we have described, they would cost £75 per annum, and he would have but half-a-crown a day to live upon. Poverty, not will, is urged as an excuse for the fact that the drug bill is kept down with difficulty to £12 or £15 a year. The sick and dying poor may, indeed, be satisfied by unwearying personal attention, and their sufferings soothed by a kindly manner. But it is manifest that there is no real application of the resources of our art; no medical treatment, properly so-called. These sad facts ought to be as accessible to the inspectors of the Poor-law Board as they are to us. In this case application has been made in vain for increased salary; and the medical officer has been waiting anxiously for the introduction of the dispensary system. Surely the whole responsibility ought not to be cast upon the unfortunate medical officer for such a disgraceful state of things. The poor man has no other resource but the Poor-law Board; and guardians have power to remedy the evil, and to insist on simple justice being done to the poor.

In our next we propose to draw attention to recent legislation on this important point, and to the imperfect and anomalous way in which that legislation is being carried out.

OPENING OF THE NEW DRAINAGE WORKS AT HASTINGS.

THERE is no subject of more general interest than the sanitary condition of our English watering-places, and those few sheltered nooks where the invalid may venture to take the air even in the depth of winter. Moreover, the prosperity of these places depends largely on the dictum of the medical profession, who incur a grave responsibility in recommending the removal of their patients from healthy country homes, furnished with every luxury, without the assurance that they will enjoy other sanitary advantages besides a sheltered situation and an open sea.

Yet it is precisely under most unfavourable sanitary conditions that the borough of Hastings has grown up. Originally cooped up in a narrow valley shut in by overtopping cliffs, with ill-constructed houses swarming with a rough seafaring and smuggling people, it was during the middle ages the constant seat of plague, and even in modern times fever was rarely absent from its ill-drained and overcrowded courts. From within these narrow limits it emerged some fifty years ago. Visitors were attracted by its mild and equable climate, by its lovely surrounding scenery; and, after the exact meteorological observations of the late Dr. Mackness, it was clearly demonstrated that it was well suited as a winter residence for a considerable class of invalids.

It is somewhat remarkable that the more ancient portion of the borough was, until quite recently, the better drained. A rude system of sewers was here in operation, flushed twice a week from a pond situate at the upper part of the town. But in the newer parts cesspools were all but universal, and when drains were first made they were devised to carry off the surface water, and it was positively forbidden to discharge foul matter into them lest they should be choked thereby. In the houses facing the sea it was then customary to keep a tub for solid refuse, and to empty the contents daily on the beach. In 1856 the evils of such an imperfect system became unbearable, and the town was drained at a cost of £16,000 on a system adapted to the natural levels. But the effect was simply to transfer the entire pollution of the town to the sands. The sewage was discharged immediately in front of the most fashionable quarters. The hollows of the beach were frequently filled with filthy mud, to the infinite disgust of bathers, whose complaints some two or three years ago bid fair to destroy the reputation of the place. Moreover, the sewers were open to the sea, which, at high tides, advanced and filled them in some cases for a length of half a mile from the outlet, and the mixture of sewage and sea water caused a deposit which choked the smaller drains, and generated offensive gases, which were forcibly driven into the houses of the upper portion of the town. These gases became a continual source of fever. Ugly rumours went abroad, and the inhabitants, threatened with a loss of their prosperity, and stimulated by the rivalry of other important bathing places, set about the adoption of remedial measures. In this they seem to have been particularly fortunate in securing the services of a most competent local engineer, and of a contractor ready to do the necessary work on the lowest possible terms, because he is himself—as an owner of house property—most deeply interested in the result. This is most apparent from the fact that the highest tender for the works required £49,000, and that they have been satisfactorily completed by Mr. Howell for £26,000. A main intercepting sewer has been constructed on the frontage of the town, commencing at St. Leonard's Archway, and terminating in a tank at the eastern suburb. This tank is capable of holding 1,500,000 gallons of sewage, and is emptied into the sea by means of a 4-feet iron culvert half a mile long, the extremity of which is perpetually under water. The tank is discharged twice a day at low water, when the current of sea sets eastwards, and the whole is conveyed into Rye Bay, where it meets an opposing current, and is carried directly out to sea.

The adjoining township of St. Leonard's, under the advice of Mr. Bazalgette, has lately completed works of a similar character, but here the levels permit of the discharge taking place at high water, when the tide runs westward. There is, therefore, a clear frontage of between three and four miles, and in place of some eight or ten open culverts discharging offensive matters there is now clean bathing and a pure sea. Some of the old openings on the beach are, however, permitted to remain. They are closed with penstocks, but will be available in heavy falls of rain as safety outlets, and also for flushing the drains by admitting sea water when the season is particularly dry.

At the Hastings or eastern tank some speculative gentlemen are erecting machinery to deodorise and dry the sewage for manure. They have engaged to conduct their operations in an apparatus hermetically sealed, and we can only hope that they will be enabled to solve the great social problem of the day to the satisfaction of the ratepayers of Hastings, and their own profit. In either case the public will regard the experiment with interest, and ought to be grateful to them for the risk incurred.

The whole of the works were formally opened on Monday last, in presence of a large number of visitors, and the repre-

sentatives of the London press. The sewage of forty-eight hours had been allowed to accumulate in the tank, which was about half full. On opening the sluice a sort of marine fountain was observed some distance from the coast, opposite to Ecclesbourne Valley. A filthy black stream discoloured the sea for a considerable distance, and passed slowly to the eastward, away from the town. The tank was emptied in about an hour and a half. For the future it will be emptied twice a day, and thoroughly cleansed on each occasion by a flush of water. A dinner in honour of the event was given at the Queen's Hotel. The Mayor presided, and many of the magnates of the neighbourhood were present.

Without wishing to draw invidious distinctions, we must congratulate the inhabitants of Hastings and St. Leonards on the completion of their spirited and successful undertaking, which cannot fail to place the locality amongst the foremost in the race of sanitary improvement.

Correspondence.

"Audi alteram partem."

THE PATHOLOGY OF CHOLERA.

To the Editor of THE LANCET.

SIR,—There is an old saying giving sage advice to "those who in quarrels interpose," and so it is with some diffidence that I write upon the question of cholera; and trust that, should Dr. Johnson think me worthy of a reply, he will use me lightly, and remember that "teachers can only claim a passing faith from their pupils," and that he himself began his professional life by sending forth new facts and ideas, to the death of rough and imperfect observations made before.

The main *pathological* fact of cholera is, without doubt, the stagnation of blood in the venous system, due, according to Dr. Johnson, to spasm of the pulmonary arteries, which refuse a passage to the infected blood, as other arteries are said to do in other diseases having blood-poisoning as their *origo mali*. Why the lung-vessels should thus act in cholera it is difficult to see. There is not that *show* of reason for this theory which we find in renal disease, in which we are told the spasm is more chronic, and results in an hypertrophy of the vessels. Against this *hypertrophy* itself nothing can be said—it is evident to the eye; but that its object is a *retardation* of the blood-current, a spasmodic stoppage, many disbelieve; and perhaps in cholera we can find most to say in dispute.

We may urge that the blood in the *whole* venous system and in the pulmonary artery is stagnant, for these reasons:—

1st. Because the blood has lost that proper proportion between its solid and fluid constituents so necessary to ensure its equable flow, and is, therefore, in some degree like the fluid we see in drains in dry weather.

2nd. Because the veins and pulmonary vessels, which are naturally less powerful than the carriers of red blood, do not act upon their altered contents with their usual power, being relaxed and distended, and, moreover, affected by that shock which affects the whole body.

3rd. Because the patient is overwhelmed and enfeebled at once: his respiration fails him, and there is, consequently, an absence of that suction-action of the lungs which is so great a help to the venous circulation.

4th. Because there is an absence of those healthy contractions and relaxations of the muscular system so constantly present in health, the patient being prostrate, or only moved by cramps.

Here are some simple explanations of that stagnation of blood which takes place in cholera alike in all vessels of the body which are carriers of venous blood, and in them chiefly from their want of contractile power. Now let us ask by what arguments are these simple theories to be supplanted?

That the arrest is due to a defensive spasm of the pulmonary arterial system! To prove which, Dr. Johnson observes (THE LANCET, June 6th) that the whole venous system is turgid, and the *pulmonary* artery also; besides, in another part of his paper, that the bronchial veins are in a state of block, being gorged like the rest, and that this is due to *the block in the pulmonary artery;* urging at the same time the few and mere safety-valve communications between these sets of vessels in support of his theory. Why then, let us ask, is the pulmonary artery full of blood? Are that vessel and its branches empty and in a state of spasm? To prove Dr. Johnson's theory true, they should be so, from their smallest capillaries back to the heart itself. Dr. Sutton's researches, quoted above, show the reverse. But the lungs are "empty and drier than usual." Yes; because the venous system is choked, and cannot send blood to them, and they have passed on all which has been aërated, to be acted upon by the powerful and highly contractile arterial system, which soon empties itself, and adds to the venous accumulation, and, this being done, its vessels contract by virtue of that power which enables them always to adapt themselves to their contents; but in this there is no spasm.

Dr. Sutton says that the lungs were diminished in weight, were only half as heavy, having but little blood in them, and that little in the branches of the pulmonary artery, where it was black-looking and thicker than usual, but not so thick but that it ran from the right heart when a puncture was made. And this would appear to upset a great part of the above theory; but I would suggest that, although a fluid may not be too viscid to escape when aided by the attraction of gravitation and other natural forces, yet it may be too thick to run upwards against gravity with all the forces of the venous system in abeyance.

I am aware that people will object that the pulmonic circulation cannot be so weak as to allow of this stagnation; but we must remember that Valentin has estimated the healthy power of the right ventricle as only half that of the left.

Clearly the pulmonary artery is passive and not active in this disease, the whole venous system and its contents being alike at fault.

Dr. Johnson attempts to support his theory by comparing an asthmatic spasm with the collapse of cholera. The difference seems to be simply this, that in the former blood cannot pass, for the lungs *will* not aërate it; whilst in the latter blood does not come to be aërated. One is a tonic disease, the other atonic. The two cases are not the same, and it can well be disputed "that both in asthma and cholera the circulation is impeded by contraction of the small pulmonary arteries;" it is probable that in neither does such *contraction* prevail, although in the former there may be that wholesome effort of nature to overcome an obstacle which is shown us in cardiac hypertrophy.

Thus the collapse of cholera is probably never due to apnœa, but may be caused, as Dr. Sutton thinks, in a great measure by "shock." Its causes are probably these, some being present in one case, some in another:—

1st. The shock of a sudden drain of fluid in large quantity from the body. This is seen in a minor degree after tapping a hydrocele or a dropsical belly. In the latter case people have once or twice collapsed altogether.

2nd. The excessive dose of the poison imbibed by the patient. Thus men have fallen in the midst of apparent health.

3. A slow exhaustion from the continuous drain of fluid from the blood; and thus the patient is relieved of the poison and his life at one and the same time.

Again, I have heard said, or seen in print, that the injection of warm liquids into the veins relaxes the spasm of the pulmonary arteries, and so sets the patient going once more. Is it not more probable that this injection acts by restoring the venous current and diluting the blood? Surely these must be the first effects of our interference. Moreover, the liquid injected is very often saline, and thus a nutritive material is supplied to the blood to replace that which is lost; and so a stimulus is given to the patient, who is wonderfully relieved. This cannot be received as a proof of pulmonary arterial spasm.

The treatment of cholera is not under discussion, and so with reference to it I will merely say that, holding to such pathological views as these, I do not see reason to depart from rules laid down by myself after my return from witnessing the Parisian epidemic which preceded ours of 1866. We must be guided by the state in which we find our patient.

I am, Sir, obediently yours,

Wimpole-street, June 29th, 1868. FRED. SIMMS.

TREATMENT OF FRACTURES.

To the Editor of THE LANCET.

SIR,—I have read with considerable interest, and no little surprise, Mr. Erichsen's remarks on "Simple Fracture of the Shaft of the Femur," as reported in your journal for the 2nd and 9th of May.

The subject, at all times one of deep interest, becomes in-

vested with more than ordinary importance when an hospital surgeon, in the exercise of his professorial duties, embodies the result of nearly a quarter of a century's experience in a clinical lecture to his pupils, some of whom may be about to enter on the active and responsible duties of practice. Opinions so authoritatively pronounced are sure to be received with respect, and demand the serious consideration of the profession generally. I venture therefore to offer a few remarks, with the view of eliciting the opinions of other surgeons, as well hospital as private.

Special allusion having been made to views which I have from time to time advanced, and their practical bearing questioned, I feel it incumbent on me to endeavour to establish their correctness, and I think I shall be able to do so satisfactorily from Mr. Erichsen's own admissions.

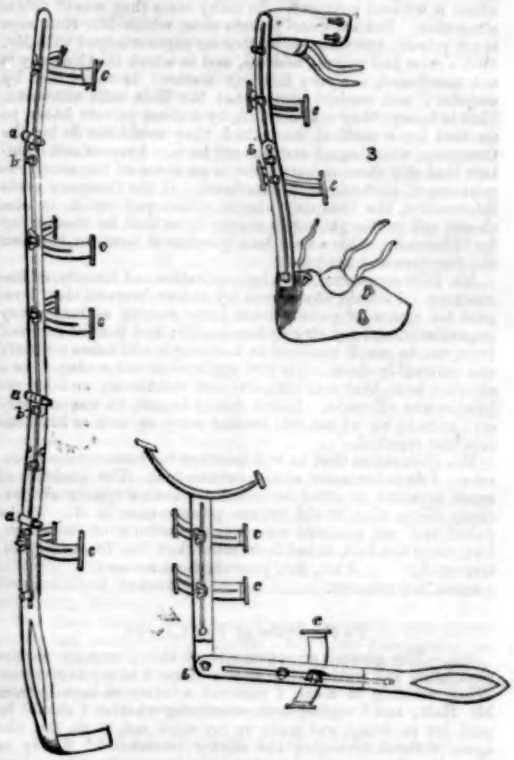
After enumerating the different muscles causing displacement, Mr. Erichsen proceeds to describe the methods of treatment practised in University College Hospital—viz., Liston's long splint, the starched bandage, and, lastly, by means of movable weights attached to the limb and running over pulleys at the foot of the bedstead. These three different methods act, he says, in precisely the same manner—i. e., by fatigue, overcoming muscular contraction, and consequently keeping up permanent extension.

Speaking of Liston's long splint, he says, "It is undoubtedly a very useful method of treatment in all cases of fracture of the shaft of the thigh-bone, but especially perhaps in cases of oblique fracture. ..... One objection raised against it is that it has a tendency to obliterate the natural curve of the femur. This objection is entirely a theoretical, not a practical one. .... No doubt," adds Mr. Erichsen, "as long as the limb is maintained upon it, the long splint has a tendency to draw the limb into its own axis, rather than into the natural axis of the femur. But in the case of fractured thigh-bone, as in the case of every other broken bone, at the end of seven or eight weeks, when the use of the splint has been discontinued (supposing the case to be treated throughout on the long splint), the callus is still to a certain extent yielding; it is sufficiently firm to maintain the integrity of the bone, but not sufficiently firm to oppose an impediment to what one may term the moulding or modelling action of the muscles of the limb."

Now I think it would be difficult for me, in the same number of words, to advance a more convincing proof of the *practical* nature of the *objection*. During the whole period of treatment, according to this statement, the limb is kept in an unnatural position, and as a consequence it cannot be wondered at that at the expiration of eight or ten weeks the callus is spongy and yielding, and not sufficiently firm to resist the moulding or modelling action of the muscles, or, in common parlance, muscular contraction, or that ultimately an increase of the deformity should be apparent. In fact, Nature's powers have been literally misapplied, if not wasted.

With respect to callus we have the authority of Paget for the statement (I know not whether more extended experience has induced him to alter his opinion), that in the human subject "no provisional callus is formed, except in the ribs, which are always in motion;" and therefore, where it does exist, the natural inference is, that constant motion has been present either from the use of an apparatus defective in retentive power or an altogether inappropriate one. I fear, therefore, that this objection which Mr. Erichsen has pronounced as "entirely theoretical," has not received the careful investigation at his hands which its importance deserves; and, moreover, that such utterances will tend to retard rather than advance this department of the art, by creating a new principle of "expectancy" in surgery which cannot fail to be highly detrimental to the interests of the profession. If Mr. Erichsen is not too far blinded by prejudice he may still render valuable aid in the endeavour to place this portion of the science and art of surgery on a more exact basis. The essential points in the treatment are coaptation and retention; on the latter solely depends the result, whether of a speedy and perfect cure, or a tardy and imperfect one. The apparatus, therefore, should be such that of itself does not tend to alter the natural form of the limb, and that, whilst possessing perfect retentive power, in no way impedes the free movement of the body. I send a sketch of an apparatus which will fulfil these conditions. The object is to hold the limb at the extremities, and to grasp it immediately at the seat of fracture both above and below, at the same time that it adapts itself to the natural curve of the limb.

Considering the variety of opinions respecting the proper treatment of fractures, I think the subject is one well worthy of special investigation by a committee, if either of the Societies could be prevailed upon to appoint one.



I am, Sir, your obedient servant,
W. H. B. WINCHESTER, F.R.C.S.

Boyne Grove, Maidenhead, May, 1868.

THE RAILWAY TRAVELLERS' ASSURANCE COMPANY.

To the Editor of THE LANCET.

SIR,—Mr. Holt endeavours, with what degree of dexterity and of fairness your readers must judge, to deal with the question that I have raised as if it were a personal one between himself and me, and as if it were in some degree confined to the instance which has occasioned the discussion. He even accuses me of being angry with him; but I beg leave to say that I have not been guilty of so wasteful an expenditure of force.

With your permission, Sir, I will endeavour to set apart from one another the issues that Mr. Holt desires to confound; and, after referring to the general question (the only one of interest to the profession), will say but few words about the personal one.

To give a certificate is a professional service generally recognised as demanding remuneration; and most practitioners, if not all, would charge for certificates over and above their charge for attendance. If, therefore, Mr. Holt's office required many certificates, the profession would be paid for them. The injured person would ask for and obtain them from the surgeon, and the transaction would be of the simplest kind.

But, in fact, the office requires something more than certificates. It requires a *description of the case*, and uses this description, when obtained, as a basis on which to treat with the sufferer for a single sum by way of compensation. Mr. Holt did not want a certificate setting forth that my patient was still totally or partially disabled, but he wanted data from which to judge how long disability was likely to continue. The information was wanted by the Company for guidance in the conduct of its business. It is quite certain that the great

majority of practitioners, if applied to for such information for the company, by its ordinary secretary, would refuse to afford it without payment. In many cases they would refuse altogether. But the *quasi* private note, which Mr. Holt says is not private, but which is written on paper stamped with Mr. Holt's crest and private address, and in which the Company is not mentioned, is a very different matter. It takes men by surprise; and renders them what Mr. Holt calls courteous. That is to say, they are induced, by a sham private letter, to do that for a medical man which they would not do for the Company, whose agent and servant he is. I repeat and maintain that this sham private letter is an abuse of the courteous relations of professional brotherhood. If the Company needs information, the Company should either pay for it, or else should call on the patient to supply it, so that he should pay for it himself. This would be a question of terms as between the directors and the public.

Mr. Holt accuses me, both by implication and directly, of discourtesy. I should like him to try and understand that I regard his system of *quasi* private letter writing as being very impertinent, and not strictly honourable; and that he received from me as much courtesy as a stranger who takes a liberty can reasonably claim. His first application was contained in a slovenly note, that was curt, but not courteous; and his rejoinder was offensive. Like a sturdy beggar, he was scarcely civil even in his whine, and became saucy as soon as his petition was rejected.

Mr. Holt states that he will continue his letter-writing process. I do not wonder at the information. The qualities of mind required in order to commence such a system are precisely those that would induce perseverance in it. To be naked and not ashamed was once an evidence of innocence; but, since the Fall, it has been somewhat less favourably interpreted. I am, Sir, your obedient servant,

Stroud, July 28th, 1868. ROBERT B. CARTER.

To the Editor of THE LANCET.

SIR,—The general arrangements of this Company require ventilation and rectification, as is evidenced in my experience. When residing in Kent, I received a letter of inquiry from Mr. Holt; and I replied to it, wondering whether I should be paid for so doing, and made up my mind not to do the like again without arranging the matter beforehand. A day or two after, I received, with the author's compliments, a copy of the work on Stricture. My grievance, however, did not stop at the opening of the case; for after a few weeks had elapsed, overtures were made by the Company to compromise the claim for a sum to be paid down at once. These were declined, and after a few more weeks an agent called upon my patient and asked him, pointedly, if he was satisfied with his medical man. Again a few weeks, and I was requested by the agent to meet a physician in consultation upon the case (a sprained ankle); and as he was from home, I was desired to write to him and make the appointment. In reply, I asked for information as to the source to which I was to look for payment for the trouble involved, as charges for letter-writing would not be admitted in my account; but I did not succeed in arranging it satisfactorily.

I would submit that the Company would do better to retain the services of the medical attendant of the patient by a fee, and thereby make a friend of him, than to worry and annoy him by raising questions calculated to weaken or destroy his patients' confidence. Mr. Holt will do better for his Company's position in the minds of country medical men if he will suggest something of that sort, than by continuing to obtain professional information in the private manner in which he applies and pays for it.

I am, Sir, yours truly,

Blackfriars, Gloucester, July 27th, 1868. W. SKEDDELL.

LITHOTRITY.

To the Editor of THE LANCET.

SIR,—Had my old friend and former fellow-student, Buxton Shillitoe, asked me at any time to show him either my lithotrite or my manner of using it, before volunteering a published statement respecting them, he would have learned that both instrument and operation differ widely from the operation he is pleased to refer to, being performed in one-fourth of the time required by the latter, and producing much less irritation. I shall be glad to afford him the opportunity of learning this for himself whenever he pleases.

Meantime, I am compelled to add that if he has any lithotrity to do, and does it as *anybody* did it fifteen years ago, I am afraid he has still something to learn relative to the art of crushing the stone.

I am, Sir, your obedient servant,

Wimpole-street, July 25th, 1868. HENRY THOMPSON.

HYSTERICAL VOMITING.

To the Editor of THE LANCET.

SIR,—I have seen in the last week's number of your journal a letter from Dr. Tilt, in which, after making a quotation from a lecture of mine on Hysterical Vomiting, which appeared lately in your columns, he goes on to say: "With such marked signs of some disease of one or other of the reproductive organs, and the well-known fact that many diseases of these organs have sickness for a paramount symptom, it seems to me singular that no internal examination was made to ascertain whether or not there was any such disease," &c.

While I entirely concur in the wisdom and soundness of Dr. Tilt's remarks in their general bearing, there is one circumstance that, I am afraid, robs them of some of their force in relation to the case under consideration: it is that the patient was examined, at my request, by my colleague Dr. Parson, on account of the very symptoms referred to by Dr. Tilt, and which I mentioned in my lecture; and that Dr. Parson reported that there was no discoverable disease in the generative organs. He found the parts, if my memory serves me rightly, unduly sensitive, but without any apparent cause; and was of opinion that the occasional discharge was of the same nature as that which sometimes occurs, apparently spontaneously, in strumous subjects.

I came to the conclusion, therefore, that the pains complained of were neuralgic, and part of the general nervous condition; an opinion that I the more readily adopted from having previously seen one or two very severe cases in which similar pains were undoubtedly of this nature. But, even if the examination had resulted in the discovery of some uterine mischief, it would not have affected my opinion as to the nature of the vomiting. A vomiting determined by the presence or absence of a stranger could hardly be that of organic disease.

I am, Sir, your obedient servant,

Harley-street, July 27th, 1868. HYDE SALTER, M.D.

THE ST. LEONARD'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—The committee of management of St. Leonard's Hospital (an institution just opened in this town to accommodate twenty-four patients, but for want of funds only made available for twelve) has passed the following bye-laws for the reception of patients by the medical officers:—

"1. That each medical officer shall take a week in succession for the purpose of receiving patients and admitting cases of accident."

"2. That on the admission of a patient, such patient shall be allotted to the medical officer who at the time of such admission shall have the smallest number of patients in the hospital: in case the medical officers shall each retain the same number of patients, the patient admitted shall be allotted to the medical officer of the week; to whom also shall be allotted all cases of accident admitted during the week."

I have made a very strong protest against Bye-law No. 2, and I have proposed as an amendment that the old plan which is adopted and found to work well in other hospitals, be also adopted here,—namely, that all patients admitted during the week be allotted to the medical officer of the week, and that such medical officer continue his attendance upon them as long as they remain in the hospital.

By the method proposed by the committee, the medical officer for the week can select all the best cases for himself, and send the uninteresting ones to his colleagues; and I think such a rule must lead to endless unpleasantness.

The meeting of governors which is to decide this question meets on the 4th prox., and I shall feel much obliged if you will kindly in your next number give me your opinion as to the relative advantages of the bye-law and amendment.

I am, Sir, your obedient servant,

Sudbury, Suffolk, July 28th, 1868. J. WILLIAMS, M.D.

THE REPRESENTATION OF EDINBURGH AND ST. ANDREWS UNIVERSITIES.

To the Editor of THE LANCET.

SIR,—I have to express my regret that I was unavoidably prevented being present on Monday last at the meeting of the St. Andrews medical graduates held at the Freemasons' Tavern. I was most anxious to know Dr. Richardson's opinion on various matters before pledging myself to support him in his candidature for the representation in Parliament of the conjoint Universities of St. Andrews and Edinburgh. I was the more anxious to learn under what leadership he was seeking the suffrages of the electors. Judging from the abstract of his address published in the daily papers, had I been present I would most decidedly have explained to the some thirty gentlemen forming the meeting that I could not, and would not, support any candidate for a seat in the House of Commons simply as a medical man without some fixed political views. Such a man would be looked upon as a nonentity. I ask the Liberal graduates of the Universities not to stultify themselves by pledging their votes to a purely medical candidate, and thus tend to secure the return of one who is purely legal and Conservative. There is no doubt that the contest will be between Professor Playfair and Mr. Swinton, the former a learned and Liberal professor in sciences collateral to medicine. Moreover, his sympathies are largely with the medical profession. The latter, judging from his address, far from sympathising with the medical profession, ignores us altogether, and simply urges his claims to our support on the exclusive principles of Conservatism. Besides, it is a matter of importance to the medical graduates of St. Andrews to know that Mr. Swinton is supported in his candidature by two men most hostile to their being placed on the register as electors.

I am, Sir, your obedient servant,

Montague-square, July 22nd, 1868. A. WYNN WILLIAMS.

METROPOLITAN DISTRICT ASYLUMS.

To the Editor of THE LANCET.

SIR,—Allow me to correct an error which appears in your notice of the proceedings of this Board in your last number. The Committee for the Southern Districts of the metropolis, in preparing their instructions to architects for the Fever Hospital, have had before them two documents prepared with great care and research by Dr. Sibson, the late chairman of the "Committee for Fever Patients." One, a compilation from the returns of the Registrar-General, and from the reports of the London Fever Hospital, gives the complete fever statistics of London, and the other is a memorandum containing suggestions for the plan of a Fever Hospital.

The information and suggestions thus left by Dr. Sibson, who, I regret to say, is unable, owing to professional engagements, to continue a manager of the board, were most valuable; and, although the Committee are not sanguine enough to imagine that they have "solved the difficulty" of adopting a hospital on the pavilion plan, to receive three varieties of fever, which must be kept distinct, as well as cases of inflammatory disease, mistaken for fever, and sent to the hospital, they have endeavoured at least to grapple with it.

In like manner the Committee for "small-pox patients," lately presided over by Mr. T. Holmes, left a memorandum of instructions, which the Southern Committee have adopted with few alterations, the principal one being an increase in the number of beds from 75 to 100.

I feel a great interest in the construction of hospitals, both military and civil, as well as in the nursing and general treatment of the sick, but lay claim to no merit not equally shared by every member of the Committee.

I am, Sir, your obedient servant,

J. A. BOSTOCK,

July 27th, 1868. Scots Fusilier Guards.

FOUNDER'S DAY AT THE ROYAL MEDICAL COLLEGE, EPSOM.

ON Thursday, July 23rd, the Founder's day was celebrated at the above College, Earl Granville, the President, in the chair, surrounded by a distinguished body of ladies and gentlemen. Service having been performed in the chapel, the speeches were delivered in the schoolroom in the following order:—

1. Carmen Elegiacum, de obitu Fundatoris ... Newton.
2. Pentheus denounces the Bacchantes (Eurip. Bach.) ... ... } Vawdrey.
3. Dædalus and Icarus (Ovid) ... ... Lowe.
4. Retirement (Beattie) ... ... Williams.
5. { An unexpected greeting (Plautus, Trinummus) } { *Charmides*, Taylor. *Stasimus*, Sloman.

Newton's delivery was very impressive, and at the conclusion of his elegy he was rewarded with immense applause. The other boys were highly successful, Taylor and Sloman throwing great vivacity into their dialogue.

The head master, before proceeding to distribute the prizes, feelingly, although briefly, alluded to the loss the school had sustained in the death, since their last similar meeting, of their revered founder; and he then presented to Newton the Propert prize, consisting of £20, and a bronze medallion with the head of the late Mr. Propert, given for the first time this year.

The following is the list of prizes:—Propert prize, Newton; Wakley prize, Cates; Carr prize, Harding; Watts prize, Lowe. Brande prizes: Good conduct, Wallis, w.; essay, Taylor, ma. Engledue prizes: Latin verse, Sloman, ma.; essay, Carter, ma.; Greek verse, Newton; reading, Wright, ma.; essay (remove), Sylvester. Sterry prize, Lowe. Divinity: (1) Newton, (2) Boulger. Classics: (6) Newton; (5) Wright, ma.; Ren. Phillips; (4) Bannister, ma.; mid., Sloman, min.; (3) Sworder, ma.; (2) Candler; (1) Wakefield. Mathematics, Newton. Arithmetic: (1) Morse; (2) Herbert. English: (1) Taylor, H.; (2) Fox, Parker, mi. French: (1) Fox; (2) Wall. German: (1) Sloman, ma.; (2) Carter. Italian: Harvey, Sloman, ma. History: (1) Collins, F.S.; (2) A. Menzies, Bannister, ma.; Hamilton. Drawing: Wright, ma.; Watt, Clark. Choir: Taylor, mi. Drill: Sloman, ma. Forest exhibition, Newton. Gilchrist exhibition, Harvey.

The head master accompanied each prize with some appropriate and encouraging remarks. After the distribution the noble Chairman addressed a few eloquent words to the assembly, and, the usual votes of thanks having been given, the meeting separated.

THE ROYAL COLLEGE OF PHYSICIANS.

A COMITIA MAJORA was held on Thursday, at which a pretty large number of Fellows were present. After the reception of communications from the medical profession relative to vaccination, the election of new Fellows was proceeded with, and the following gentlemen were duly chosen:—Dr. W. Ogle, Dr. Lockhart Robertson, Dr. Harrington Tuke, Dr. Heaton, Dr. Morgan, Dr. Moxon, Dr. Hughlings Jackson, Dr. Reginald Thompson, and Dr. Symes Thompson. It will be seen that the above names tally with those in the Council nomination list which we printed last week, and the same remark applies to the election of office-bearers in the College. The Nomenclature report was ordered to be published. The most important matter before the meeting was a notice of motion by Dr. C. J. B. Williams, to give the Fellows a larger share in the nomination of Fellows. Dr. Williams intends to move that before the Council prepares its list of members for the Fellowship nominations from any two or more Fellows may be received, the grounds of the recommendation being stated; and further, if the Fellows are not satisfied with the list of the Council's nominees, the Fellows may add others, these being suspended as an amended list for a fortnight prior to the day of election; and when the names are submitted to the Comitia Majora, the majority of votes to elect. Dr. Bence Jones argued that the matter should be submitted to the Council for its consideration; but Dr. Williams defended his own plan. Sir T. Watson proposed that this and other schemes should be received in comitia, and then referred to the Council. Dr. Williams's motion is to be printed, and brought up for discussion at the next meeting.

THE NEW PHARMACY ACT.

THE main provisions in the new Pharmacy Act are as follows:—From and after the 31st of December next it shall be unlawful for anyone to sell, or keep open shop, or to assume

the title of "chemist and druggist," or the like, unless he shall be properly registered under the Act. Chemists and druggists shall consist of persons who, at any time before the passing of the present Act, shall have carried on the business of chemist, in the keeping of open shop for the compounding of medicines; and of all assistants or associates who have been duly registered under the Pharmacy Act, and all who before Dec. 31st next shall register; the conditions of registration being that for three years previous they shall have been acting as assistants, and that they shall have passed a modified examination. The registration of chemists and druggists will be effected without fee up to the end of the year. The penalty for the assumption of titles, or for usurping the privileges of a chemist, or not conforming to law, is £5. No one is to sell any poison unless the box, vessel, or wrapper in which it is contained be distinctly labeled with the name of the contents of the bottle, and that of the seller, and his address; and no one is to sell arsenical compounds, prussic acid, cyanides, strychnine, aconite, tartar emetic, corrosive sublimate, cantharides, savin, or ergot of rye, to any unknown person, but, when sold, the fact and particulars are to be registered in a special book; if this is neglected, a penalty of £5 for the first, and £10 for the second offence, is to be inflicted. The provisions of the Act for the Prevention of Adulteration of Food and Drink are to extend to the case of drugs. The Pharmaceutical Society, together with the Privy Council, have power to define additional poisons and to make minor regulations.

OPENING OF THE THAMES EMBANKMENT AND THE PUMPING STATION AT ABBEY MILLS.

THE completion of these important public works was inaugurated on Thursday last by a public ceremony under the auspices of Sir John Thwaites, the Chairman of the Metropolitan Board. Lord John Manners, the Marquis Townshend, Lord Ebury, and several of the metropolitan members of Parliament were present. We propose to notice the nature of the completed works on a future occasion. Suffice it for the present that they appear to be entirely successful.

MEDICAL TRIALS.

NISI PRIUS COURT, EXETER.

(*Before* MR. BARON CHANNELL.)

SPEAR *v.* DOIDGE.

MR. H. T. COLE, Q.C., and Mr. Lopes appeared for the plaintiff; Mr. Coleridge, Q.C., and Mr. Pinder, were counsel for the defendant.

This was an action against a surgeon practising at Lifton, near Clovelly, in this county, to recover damages for negligence in setting the plaintiff's broken arm. The plaintiff was a farmer at Clovelly, and in March of last year he met with an accident while assisting in threshing some wheat. The defendant was sent for, and came two hours after the accident. He immediately said one of the bones of the arm was fractured, and he proceeded to reduce the fracture. The plaintiff was kept in bed for thirteen weeks, and at the end of that time, on further assistance being called in, it was discovered that there had been a dislocation of the arm. It was then too late to do anything to it, and the result has been that the plaintiff's right arm is perfectly stiff and utterly useless to him. The plaintiff and several members of his family were called, and several medical men from this part of the country, who stated that wrong treatment had been resorted to, which caused the mischief that now existed.

MR. COLERIDGE, having addressed the jury, called the defendant, who gave an account of the course he pursued. He alleged that he did all that was possible to be done, but that the plaintiff was so intolerant of pain that what happened arose from his not being able to keep the bandages and splints as tight as they should be.

Other witnesses were called, who gave evidence as to the position in which the plaintiff kept his arm; and, his Lordship having left it to the jury, they found a verdict for the plaintiff for £162 10s.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the necessary examinations, were admitted Members of the College by diploma on the 23rd and 24th of July:—

Ainley, Daniel, Halifax.
Banks, Richard, Cockermouth.
Bates, T., Worcester.
Bevan, J. B., St. Ives, Cornwall.
Boyd, Herbert, St. John's, New Brunswick.
Brockwell, Thomas, Sturry, Kent.
Brown, David, Dublin.
Chatterton, James, Cork.
Chorley, W. W., Leeds.
Colson, Edwd., Great Hormead, Herts.
Dawson, John, Rangoon, British Burmah.
Drinkwater, Wm., Shepherd's-bush.
Earle, T. E., Calcutta.
Edwards, Branford, Ipswich.
Gittins, J. T., Barbadoes.
Leahy, John, Bombay.
Ledgard, W. E., Fulford, Yorkshire.
Lett, Francis, Woolwich.
Mason, J. D., Lewisham, Kent.
Morgan, G. J., Shrewsbury.
Morris, William, Birmingham.
Nettleton, H. T., Paymaster R.N.
Patrick, Robert, Bolton, Lancashire.
Penruddocke, George, Bath.
Renshaw, W. A., Altrincham, Cheshire.
Sanders, Edwin, Jersey.
Scott, W. J., Cape of Good Hope.
Smith, Frederick, Great Grimsby.
Smith, Leonard, Cambridge-street.
Staples, H. T., Brompton, Middlesex.
Trevor, S. L., Welshpool, Montgomeryshire.
Walker, G. S., Islop, Oxfordshire.
Waring, F. J. A., Dublin.
Welsh, Inman, Bayswater.
Wing, C. E., Bury St. Edmunds.

[The address of Mr. C. C. Whitefoord, admitted a Member of the College of Surgeons on July 21st, is St. John's-wood, not "Melbourne," as stated in the official list of the College.]

IT is stated that during the four or five days preceding the 16th ult., more than 250 deaths occurred from the excessive heat in New York.

THE MEDICAL CLUB.—The subscription of membership in the Medical Club will be increased at the end of the year from three to five guineas in the case of town, and from one to three guineas in the case of country members. The fee for members residing out of the country is a guinea.

CINCHONA IN JAMAICA.—It is expected that from 8000 to 10,000 plants of the *Cinchona succirubra* will be ready for sale in the island of Jamaica, at the plantation at Gordon Town, in the spring of 1869.

A CONSIDERABLE number of distinguished literary and scientific men of New York have recently met for the purpose of discussing the advisability of founding an American Academy on the model of the French Institute.

THE "Pall Mall Gazette" states that last week the *Belleisle* was towed from Sheerness to Greenwich for the use of the Seamen's Hospital Society; but as no companion ladder or landing stage was sent with it the ship is useless.

Obituary.

MR. BENJAMIN TRAVERS, F.R.C.S.

WE regret to announce the death of this highly-respected member of our profession, which took place suddenly on the 27th ult. Mr. Travers was the son of Mr. B. Travers, who for many years was surgeon to St. Thomas's Hospital, and one of the examiners of the College of Surgeons. He was born in London, and pursued his studies at St. Thomas's Hospital and the Royal College of Surgeons, Ireland, and became Member of the Royal College of Surgeons in 1831, and Fellow (hon.) in 1843. He was the author of "Observations in Surgery," and "Further Observations." These displayed a good knowledge of his profession; but there was little striking or original in them. Some years since, Mr. Travers was appointed resident surgeon and Lecturer on Surgery at St. Thomas's Hospital. This position, however, he held for only a short time; and in consequence of some domestic circumstances he emigrated to Cape Town, and practised there for several years. On his return to England he commenced practice in Dover-street. He never attained to any celebrity as a consulting practitioner, and merely attended a few of the old patients of his father: he resided a few miles from town. Mr. Travers communicated several papers to the Medico-Chirurgical Society's *Transactions*, to the late *Medical Gazette*, and THE LANCET. Mr. Travers occasionally visited the Medico-Chirurgical Society; but he was of unobtrusive habits, and mixed little in the society of his professional brethren.

MEDICAL APPOINTMENTS.

BRADLEY, G., M.R.C.S., has been appointed Junior House-Surgeon to the Northern Hospital, Liverpool, vice Oliphant, promoted.

BRAINE, F. W., F.R.C.S., has been appointed Chloroformist to the Dental Hospital, vice Mr. H. Potter, resigned.

CARLETON, W., M.B.T.C.D., L.R.C.S.I., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Crossakeel Dispensary District of the Oldcastle Union, Co. Meath, vice H. J. Johnstone, L.R.C.P.Ed.

CHARTERIS, M., M.D., has been appointed Assistant-Surgeon to the Glasgow Eye Infirmary.

CLARKE, F. W., M.R.C.S.E., has been appointed Medical Officer for Districts Nos. 1, 2, and 3 of the Bury Incorporation of the Poor.

CLAYTON, O., M.D., has been appointed Surgeon in Ordinary to H.R.H. the Duke of Edinburgh.

CROTTY, Mr., has been appointed Resident Assistant-Surgeon to the North Dispensary, Liverpool, vice E. Crockett, L.R.C.P.Ed., resigned.

DARTNELL, Mr., has been appointed Apothecary and Dispenser to the North Dispensary, Liverpool.

FAIRCLOTH, E., F.R.C.S.E., has been reappointed Public Vaccinator for District No. 2 of the Newmarket Union.

FERNANDES, T. F., M.D., has been appointed Medical Officer and Public Vaccinator for the Sollershope or No. 1 District of the Ross Union, Herefordshire, vice G. Rootes, L.R.C.P.L., resigned.

GIBBS, J. H., M.D., has been appointed Medical Officer and Public Vaccinator for the Topsham District of the St. Thomas's Union, Devon, vice Nicholls, resigned.

HEALE, J. N., M.D., M.R.C.P., has been appointed Physician in Ordinary to the Royal Hants County Hospital.

HENRY, J., M.D., has been appointed Medical Officer and Public Vaccinator for District No. 7 of the Thingoe Union, Bury St. Edmunds, vice Wm. Cooper, M.D., resigned.

LEE, Mr. T. W., has been appointed House-Surgeon to the Halifax Infirmary, vice J. M'C. M'Williams, M.R.C.S.E., resigned.

NICOLSON, C., M.A., B.Sc., M.B., C.M., has been appointed Resident Physician to the Medical Missionary Training Institution and Dispensary, Cowgate, Edinburgh.

OLIPHANT, J., M.D., Junior House-Surgeon to the Northern Hospital, Liverpool, has been promoted to Senior House-Surgeon.

PEACOCK, A. L., M.R.C.S.E., of Honiton, has been appointed a Certifying Surgeon under the provisions of the Factory Acts.

RICHARDS, J. P., M.R.C.S.E., of the Devon County Asylum, Exminster, has been appointed Assistant Medical Officer to the Middlesex County Lunatic Asylum at Hanwell, vice John C. G. Robertson, L.R.C.P.Ed., resigned.

SANDERS, —, M.R.C.S., late of the Earlswood Asylum for Idiots, has been appointed Assistant Medical Officer to the Jamaica Lunatic Asylum.

SARJANT, J., M.D., has been appointed Medical Officer for the Cubitt-town District of the Poplar Union, Middlesex, vice B. J. M. Grant, M.R.C.S.E., resigned.

SERJEANT, Mr. T. W., has been appointed Superintendent and Dispenser of the Liverpool Royal Infirmary and Lock Hospital, vice Mr. T. Oulton, resigned.

SMITH, HEYWOOD, M.A., M.B., M.R.C.P., has been appointed Assistant-Physician to the Hospital for Women.

THOMPSON, J. A., M.R.C.S.E., L.M., of Guy's Hospital, has been appointed Resident Obstetric Assistant at Middlesex Hospital, vice Mr. Osman Vincent.

WEST, L., L.R.C.S.Ed., has been appointed Medical Officer to the Workhouse of the Dunfanaghy Union, Co. Donegal, vice D. Christie, L.R.C.P.Ed., appointed Medical Officer for the Rossquill Dispensary District of the Milford Union.

Births, Marriages, and Deaths.

BIRTHS.

CAMPBELL.—On the 24th ult., at Janeville, Tighnabruaich, Argyleshire, the wife of Dr. Campbell, R.N., of H.B.M.'s Consulate, Siam, of a daughter.

CHRISTISON.—On the 17th ult., at Fishergate, Preston, the wife of Dr. Christison, of a son.

GWYDIR.—On the 27th ult., at Cartron Abbey, Longford, the wife of Dr. Gwydir, of a daughter.

JOHNSTON.—On the 22nd ult., at The Cottage, Aston-on-Trent, Derbyshire, the wife of John Brett Johnston, M.D., of a son.

KINKEAD.—On the 23rd ult., at Tuam, the wife of Dr. R. J. Kinkead, of a son.

MORDUE.—On the 25th ult., at Newcastle-upon-Tyne, the wife of R. D. Mordue, M.R.C.S.E., of a son, still-born.

RATTRAY.—On the 26th ult., at Brighton-place, Portobello, near Edinburgh, the wife of Andrew M. T. Rattray, M.D., of a son.

ROTH.—On the 25th ult., at Old Cavendish-street, the wife of Dr. Roth, of a daughter.

SCOTT.—On the 23rd of June, at Georgetown, Demerara, the wife of Stephen Scott, M.D., of a daughter.

SMITH.—On the 26th ult., the wife of J. Smith, M.D., of Eton, of a son.

WRIGHT.—On the 27th ult., at Summer-hill, Birmingham, the wife of M. H. Wright, M.R.C.S., &c., of a son.

MARRIAGES.

EDDOWES—HUMMEL.—On the 23rd ult., at Christ Church, Brixton, William Eddowes, M.R.C.S.E., of Shrewsbury, to Maria Lavinia, daughter of H. M. Hummel, Esq.

OWENS—LOCKE.—On the 29th ult., at All Saints, Sutton, Dr. E. M. Owens, of Albrighton, Salop, to Anne, only daughter of Anthony Locke, Esq., of Southfields, Sutton, Surrey.

WARD—LANGDON.—On the 23rd ult., at St. Saviour's Church, Valley-end, Chobham, Samuel Meire Ward, M.B., to Marion, widow of John Langdon, Esq.

DEATHS.

BALLINGALL.—On the 25th ult., suddenly, at Altamont, Blairgowrie, Perthshire, George Robert Ballingall, M.D., late of the Bombay Medical Service, aged 42.

CHRISTISON.—On the 19th inst., at Fishergate, Preston, the infant son of Dr. Christison.

JOHNSON.—On the 20th ult., H. S. Johnson, M.D., of Congleton, Cheshire.

LOCKWOOD.—On the 20th ult., A. P. Lockwood, M.R.C.S.E., late Surgeon-Major Royal Scots Greys, aged 49.

MILLAR.—On the 23rd ult., at Mearsdale, near Dollar, Christian Duncanson Duncan, infant daughter of John Millar, M.D., F.R.C.S.E., of Albany-street, Edinburgh.

OGILVIE.—On the 10th ult., G. S. Ogilvie, M.R.C.S.E., of Bristol, aged 76.

Medical Diary of the Week.

Monday, Aug. 3.

ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, Aug. 4.

ROYAL FREE HOSPITAL.—Operations, 9 A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Wednesday, Aug. 5.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.

Thursday, Aug. 6.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Friday, Aug. 7.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, Aug. 8.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

To Correspondents.

THE SANITARY ACT IN HACKNEY.

DR. TRIPE'S Report on the Health of Hackney during 1867 gives the results of the first year's operation of the Sanitary Act in his district. The clauses of the Act requiring the disinfection of premises in which epidemic diseases have appeared have been extensively carried out, and with the greatest benefit, as such diseases have been thereby confined in nearly all cases to the houses in which they first broke out. Another clause, enabling the local authorities to provide increased means of ventilation if necessary by making the top sashes of windows movable, is considered a great boon to the poor, who can thereby ventilate their rooms at night while their children are in them. The district mortuary was used for the reception of forty-one bodies removed thither from the place of death during the year, seven of them being those of persons who died from small-pox and fever, and whose removal from the rooms of the living probably prevented much serious mischief. There is great overcrowding in the district, with its usual concomitants of "indecent occupation."

WE have received an interesting letter, in reply to Dr. Gordon, from *Mr. E. L. Mackeye*, Senior Surgeon of the Artillery of the Army of Tennessee, C.S.A., which shall be inserted next week.

A Candidate can present himself for examination at the Royal College of Surgeons.

THE MOSQUITO BITE.

To the Editor of THE LANCET.

SIR,—For the information of your many readers during the present visitation of the mosquito fly, I wish to suggest the use of a remedy prepared in Florence under the name of "Baume contre les Mosquitos," which from long experience in Italy I have found to be the most effectual alleviator of the inflammatory action caused by their venomous bite.

Having induced a chemist in the City (Foster, Bishopsgate-street) to obtain a supply of the same, I have used it here in England with equal success.

I am, Sir, yours, &c.,

July 29th, 1868. MEDICUS.

*** It would be well if Messrs. Foster would publish the composition of the remedy.

Mr. W. A. Summers, (North Petherton.)—The nuisance arising from the filthy brook of which our correspondent complains, and for the abatement of which, under the Nuisances Removal Act, he asks for advice, may, we think, be removed by the nuisance authority covering over the brook, as they are empowered to do by the 22nd section of the Nuisances Removal Act, 1855 (18 and 19 Vic., c. 121). This enacts that "whenever any ditch, gutter, drain, or watercourse used or partly used for the conveyance of any water, filth, sewage, or other matter from any house, buildings, or premises, is a nuisance within the meaning of this Act [i. e., injurious to health], and cannot in the opinion of the local authority be rendered innocuous without the laying down of a sewer or some other structure along the same or part thereof, or, instead thereof, such local authority shall and they are hereby required to lay down such sewer or other structure, and to keep the same in good and serviceable repair." The putting in operation of this section of the Act by the nuisance authority (which we presume would be the Board of Guardians of the Union) would attain the object which Mr. Summers seeks, so far as the removal of the nuisance is concerned; but it would not provide the inhabitants with a supply of pure water—a matter which would appear from our correspondent's letter to be of as much consequence to the health of the inhabitants as the removal of the nuisance. There is, however, another mode of proceeding open, which would, we think, more effectually meet the case, and that is to call upon the vestry of North Petherton, which, under the Sewage Utilisation and Sanitary Acts, is the sewer authority, to act under sect. 4 of the Sewage Utilisation Act of 1865, by which authorities "have power to construct such sewers as they may think necessary for keeping their district properly cleansed and drained, and shall as respects all sewers constructed by them or under their control, whether the same were made before or after the passing of this Act, have all the powers which local boards have in respect of sewers vested in or constructed by them," under the provisions of the Public Health and Local Government Acts. The sewer authority (the vestry of North Petherton) has, under section 11 of the Sanitary Act, 1866, within its district, "the same powers in relation to the supply of water that a local board has within its district;" and the same statute afterwards enacts that the sewer authority may, if it think it expedient so to do, provide a supply of water for the use of the inhabitants of the district by (1) digging wells, (2) making and maintaining reservoirs, (3) doing any other necessary acts"—in fact, as stated in an edition of the Sanitary Act, published by Mr. J. B. Hutchins, of the Medical Department of the Privy Council, "sewer authorities have the same power given to them to deal with the questions of sewerage and water-supply as is possessed by local boards." Should the nuisance authority or the sewer authority neglect or refuse to perform the duties entrusted to them, the Secretary of State may be moved to interfere, under section 49 of the Sanitary Act, with the view of compelling the authorities to comply with the law.

WE will endeavour to publish *Mr. John Kempthorne's* (Callington, Cornwall) successful case of Ovariotomy in our next number.

Junior.—1. Two guineas is the usual fee.—2. Ten guineas.

THE ALLEGED CASE OF POISONING BY CANTHARIDES AT GUILDFORD.

To the Editor of THE LANCET.

SIR,—I have to-day seen a paragraph in your journal of July 25th, which is so far from being a correct report that I feel certain you will pardon my correction. I refer to the inquest held here on a little girl supposed to be poisoned by Spanish flies—the inquest held on July 18th, and adjourned to July 22nd.

The facts brought out by the inquest were, that the little girl died from scarlet fever, as sworn to by the medical man, T. J. Schudlick, Esq., who attended her, and who, assisted by Dr. J. Morton, made a post-mortem examination, when no evidence of the presence of or effects of cantharides was detected; but there was the rash of scarlet fever, and congestion of lungs; stomach containing only bile, and without any appearance of inflammation.

The reason for the inquest being held was a statement made by a surviving daughter to the father, after the poor child's death, to the effect that some Spanish flies were given the child the day she became ill. Several children were examined; and although the statements they made were very contradictory (one girl, after denying any knowledge of the affair, saying she saw the boy accused put something, she did not see what, but thought it was a fly, into a gooseberry, and give it to the deceased, who ate it, and the accused boy admitting he had two flies in his possession the same morning, but lost them three hours before he was accused of giving them as stated), the fact was clear that a boy had taken three flies, eaten one to try the effect, at the same time giving two to the boy who swears he lost them; and although admitting that he was told their effect in creating sexual desire, most strongly swears he did not give them to the girl.

The uncertain and contradictory evidence, the very small quantity of the fly that could have been taken (three flies taken from a quantity and weighed, being only two and a half grains)—this dose being so much smaller than any dose mentioned as having caused death,—the entire absence of any indication of the presence of or effect produced by cantharides at the post-mortem examination, and the very strong evidence of the two medical men, in my opinion, fully justified the verdict of the jury that the child died from scarlet fever, then prevalent in the neighbourhood.

I remain, Sir, yours truly,

JAS. R. STEDMAN, M.D., &c.,
Guildford, July 28th, 1868. Coroner for the Borough of Guildford.

*** We do not question the correctness of the verdict in this case. It is not very credible that death could have resulted from two flies, supposing them to have been taken, especially as neither the symptoms nor the post-mortem appearances imply a fatal amount of irritation from the poison. On the other hand, the evidence of scarlet fever is not quite convincing. In leaving this painful case, we would impress upon the public that cantharides is a powerful irritant poison, the effects of which in other than medical hands are apt to be much more painful than pleasant.—ED. L.

An Elector.—The Middlesex magistrates have refused to pay Dr. Diplock his salary for performing the duties of Coroner. They base their refusal on a letter forwarded to them by Dr. Hardwicke, complaining that Dr. Diplock was unduly returned, and praying the Court to withhold payment until Dr. Diplock had justified himself. Dr. Diplock has addressed the magistrates on the subject, and complains that they withhold payment for his services whilst he is *de facto* Coroner and doing his duties. He intends to bring the case before the Court of Queen's Bench in Michaelmas term. Can it be true that Dr. Diplock has appointed a lawyer to act as his deputy?

Dr. Muspratt is referred to THE LANCET of July 18th.

RECONSTRUCTION OF THE ARMY MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—I shall not attempt to pronounce any verdict on the superiority or otherwise of the regimental over the general staff system; but I am so stupid as not to perceive the force of much that Dr. Gordon urges.

Between the old and modern systems of warfare there is such a dissimilarity that much of our former experience must go for nothing. It will no longer be a question of a regiment or two detached from the main body of the army, and requiring to be complete and effective in itself, but of several large forces, it may be, engaged in rapid succession, and requiring perfectly organised transport and medical services.

It is unfortunate that Prussia was named, because that power has just effected a reorganisation which certainly resembles the general system you have sketched far more than that of our own.

As to soldiers being handed over to strangers, having only a professional interest in them, why, professional ought to be the paramount interest, and it is at any rate sufficient to secure the patients in our public hospitals the best attention of the best men, with a success not less than that of army doctors. Possibly a regiment going into action might be accompanied by a regimental medical officer whose professional qualifications were too well known, and the effect might be an incentive to the soldier to run away rather than anything else! If a regiment possessed a popular and good medical officer, why should he not remain with his regiment under any other system as well as the present regimental one? A sick man unquestionably prefers to remain with his regiment, for the simple reason that we ourselves prefer to be surrounded by familiar rather than strange faces, and he would manifest this feeling even if he had no confidence in his doctor; but regimental doctors in one sense there must always be under any system. The staff and general hospital system, as it has always been carried out, is bad; but it is conceivable at least that another of the same name, but differently worked, might prove the contrary.

As to the evils arising from aggregating a large number of sick and wounded under one roof, that has no bearing whatever on the subject. Whether such cases were attended by their own regimental officers or anybody else, the results would be the same. That is a sanitary question, and turns upon the fact that big hospitals foster and engender pyæmial and nosocomial diseases.

Dr. Muir had ample experience of regimental life before the campaign in China, and doubtless preferred it, as I do; but, if I am rightly informed, his predilections did not prevent his practically administering his department with regard to its working efficiency as a whole. Again, after Alma, there were some regimental officers worked to death, and others with nothing to do; but the colonels retained the last-named medical officers with their regiments notwithstanding. Surely, under any system, the responsible chief medical officer should have power over all his subordinates in the field!

There is a great deal to be said in favour of the regimental system, and no one feels it more strongly than I do; but the organisation you have sketched has never been tried in this country in the way that I presume you would desire. It might prove as disastrous an experiment as some persons seem to think. Be that as it may, no one would be so foolish as to repeat one which has already proved a failure, and only resembles yours in name.

Yours truly,

July 28th, 1868. AN ARMY DOCTOR.

Desideratum wishes to know if there be any work in the shape of Gazetteer or Directory for Brisbane, Australia, and where he is likely to obtain information calculated to be useful to a medical practitioner intending to go out there.

HYDATID TUMOURS OF THE LIVER.

To the Editor of THE LANCET.

SIR,—I have been very much gratified to find, from your report on Hydatid Tumours of the Liver ("Mirror," July 18th), the plan I first recommended about two years ago of removing such tumours by means of electrolysis, has been so ably carried out by Mr. Durham, Dr. Hilton Fagge, and Mr. Cooper Forster, at Guy's Hospital and the Royal Infirmary for Children, Waterloo-road.

The ease with which Dr. Fagge's patient recovered from the accidental effusion of decomposed hydatid liquid into the pleural sac, adds one to the many instances which I have myself observed of the extraordinary tolerance of the system with regard to galvanic operations performed in the manner I have recommended—viz., of exclusively using the negative pole for internal application, and fixing the positive pole outside on the skin; the object of this division of the poles being, that in this way the irritant metal-salts, which are necessarily evolved at the positive pole, are prevented from entering the tissues, and, being allowed to soak into the substance of the moistened sponge by which the circuit is closed, are rendered perfectly harmless. If that needle which in Dr. Fagge's patient passed through the diaphragm, had been connected with the positive pole, the life of the patient would most probably have been sacrificed, as the positive pole applied internally tends to produce suppuration or gangrene.

I trust, now that the absolute safety of the electrolytic treatment has been established, it may soon be used for the cure of ovarian cysts. Although the results of ovariotomy have recently been comparatively favourable, it yet remains, and always will remain, one of the most hazardous operations in general surgery for each individual case. If then we can, by the aid of electrolysis, decompose subcutaneously and absorb the fluid contents of the cysts, and by cauterising the secreting cells of the walls of the cyst, prevent their pouring out fresh material, and thus do away with the tumour, why should not such a bloodless, painless, and safe proceeding, for which not even chloroform is required, supersede that formidable operation of ovariotomy by which so many women have lost their lives?

I am, Sir, your obedient servant,

Bryanston-street, July 19th, 1868. JULIUS ALTHAUS, M.D.

LEICESTER SQUARE.

THE state of this, one of the most important open spaces in the west of London, is truly disgraceful. If it be not a nuisance in the legal acceptation of the word, it surely is so in every other. The inhabitants, we believe, are willing to put the square in order, and keep it so; but the owner, like the "dog in the manger," will not move in the matter.

G. S.—An apprenticeship is not required for either the College of Surgeons or the College of Physicians.

A. F. will find an answer to the question in THE LANCET of July 18th.

THE LANCET WORKHOUSE COMMISSIONERS AND THE POOR-LAW MEDICAL OFFICERS.

To the Editor of THE LANCET.

SIR,—As the proposer of the resolution upon which the remarks of Dr. Fowler are based, I beg to reply to his letter. Dr. Fowler is sceptical of any substantial accruing benefits to medical officers from the labours of your Commissioners, or from the working of the Workhouse Infirmaries' Association, or from the aid rendered by the *Journal* of the British Medical Association. I reply that these three organisations have been, are, and will be of immense benefit to union officers, and I will even go so far as to say that without them their case is, as it has been any time this century, hopeless.

1st. As to the *direct benefits* of your Workhouse Commission and the Workhouse Infirmaries' Association, let me remind Dr. Fowler that the necessity of providing and paying for medicines without reduction of salary for the medical officers has solely by the representation of these bodies been recognised by Act of Parliament, and is being steadily, if slowly, carried out by Mr. Hardy's Bill for London, and by the Bill now before Parliament for the whole country.

I maintain that the position of the medical profession has been materially benefited and elevated in the eyes of the public through the labours of those pioneers who, having cleared the wilderness, and sown good seed, Dr. Fowler would now ungratefully ignore. These bodies did what no individual nor any combination of individuals had ever done before: they roused the whole of England to the incapability of the Poor-law Board, and, in defiance of Gwydyr House and its imbeciles, *forced* a measure through Parliament, which, valuable as it is in itself, is only an instalment of good things to come. These bodies, I cannot too often repeat, have lifted the question from the narrow platform of class and clique into the broad arena of public justice and public necessity.

Mr. Griffin, with all his energy, all his honesty, and all his money, failed to attract the attention of a score of influential men without the pale of the profession; and this is just what the Poor-law Medical Officers' Association will do if they sullenly and selfishly ignore the usefulness and the labours of others, and work in the niggling circle of self, shutting their eyes to the broader view, and forgetting that the greater question must contain the lesser.

It is no use shutting our eyes to what is the truth: the medical profession has but little political influence, and social status is more dependant upon what the individual *is* than what his diplomas *make him*. But the Workhouse Infirmaries' Association has attracted men of high political and social rank. What purely medical meeting, let me ask Dr. Fowler, ever numbered as its visitors an Archbishop, a Bishop, and a dozen Lords and Commons? And yet it is a noteworthy fact that while each committee meeting of this Association is attended by numerous members of Parliament, and its proceedings reported in *The Times* and leading journals, yet the great meeting of which Dr. Fowler speaks, and to which some scores of medical men were dragged from all parts of the country, resulted not even in a single paragraph in *The Times!* not a single leader anywhere! and, as far as any political impression was made, we might as well have amused ourselves with a convivial dinner and a subsequent game at whist. The only member of Parliament present was the Chairman, himself a medical man.

I, in common with others "who have fought, and in the fight been wounded," shall be grieved to my heart if I find that past lessons in concord have been unlearnt, and that the private grievances of one gentleman are to obstruct the interests of the whole Poor-law medical service—one would have thought they had been ventilated *ad nauseam*,—and it may be well supposed that he upon whom the vials are emptied could if chose make a reply that would silence his traducers.

2nd. As to the advantage to be derived from the British Medical Association. Dr. Fowler's statement only shows that he joined the British Medical Association to do something he didn't do! This Association is incomparably the most powerful moral, social, and political arm that medicine possesses. It numbers amongst its members 800 men in the Poor-law medical service, and 4000 (I may almost say picked) members of the profession. I tell Dr. Fowler it is fatuity to ignore its influence; it is recklessness not to avail ourselves of its aid; because, forsooth, Dr. Rogers has quarreled with Mr. Hart; and it is selfishness and narrow-mindedness in its worst and most contemptible form for this reason to turn away from what is magnificent machinery to meddle and muddle with inferior engines driven by inferior men. Let me remind Dr. Rogers and Dr. Fowler that there are opinions to be taken and interests to be considered above and beyond their own programmes. They must not forget that their amendment of my resolution was not even seconded, and they must be forewarned that if necessary a similar resolution will be again proposed, with, I doubt not, a similar result.

The great body of the profession have full confidence in the labours of your Commission, in the organisation and power of the Workhouse Infirmaries' Association, and in the British Medical Association, and it is both useless and wrong for two or three men (each with his grievance) to try and shake that confidence.

In conclusion, I implore Dr. Rogers and Dr. Fowler not to distract us with fresh discords, but to adopt the magnanimous silence of those from whom they differ; following a common end, and promoting a common benefit, without taking further part in personal polemics, or entering further upon personal attacks.

I remain, Sir, yours truly,

Cheltenham, July 22nd, 1868. ALFRED FLEISCHMANN.

PAINS IN THE SOLES OF THE FEET.

To the Editor of THE LANCET.

SIR,—A gentleman, aged thirty-five, very temperate, suffers from lancinating pains in the soles and heels, which quite incapacitate him from business. He has tried colchicum, iodide of potassium, quinine, &c., and various external applications, without success. Will any of your readers favour me with their views, and oblige,

Yours truly,

July, 1868. A COUNTRY SURGEON.

WHO IS THE OWNER?

A BLACK leather bag, evidently, from the character of its contents, belonging to some member of our profession, was brought to THE LANCET Office by the police in order that we might afford some clue as to the owner; but there was nothing explanatory to be seen. The bag had been taken from the hands of a known thief in Broad-street, Bloomsbury, who is now remanded at Bow-street pending the discovery of the owner.

J. L. (Southgate-road) will obtain the information he requires from his usual medical attendant.

Dr. Heale.—The letter shall be published in the next LANCET.

THE WIMBLEDON CAMP.

To the Editor of THE LANCET.

SIR,—I venture to trouble you with a few remarks respecting the late volunteer camp at Wimbledon, which may or may not be of some interest to the volunteer surgeons, if not to the volunteers themselves.

The effect of the intense heat upon those residing in the camp has shown itself in several ways; but the principal are as follows:—

1st. Vomiting, diarrhœa, and cramp.
2nd. Intense thirst, profuse sweating, and faintness.
3rd. Sunstroke, &c.

At the hospital tent I am told that when a man applied for medicine in case of diarrhœa, &c., a *single* dose was given to him to take immediately; he was then sent away, and told to return at *the proper appointed time* for another dose if he was not relieved.

I would ask, Can a man have diarrhœa at the *proper appointed time?* Is a man to wait in pain for the proper appointed hour for medicine? Is he or is he not entitled to the advice of a proper medical officer in preference to an insulting hospital orderly? Is a man suffering from diarrhœa, with cramp, to go perhaps a quarter of a mile (from the iron house to the hospital) every time he requires a dose of medicine? Is it or is it not cruel for a man, faint with diarrhœa and cramp, to be obliged to walk under a burning sun such a distance, perhaps three or four times in the day, to get a single dose of medicine?

Believing the reports I heard to be true, and the many complaints also, together with what I observed myself, I think I am correct in saying that medical matters are not so perfect at Wimbledon as one would wish, especially if what one man told me be correct—viz., that he could not get even the *dose* when he applied, because they had run short of diarrhœa medicine, and had to send to London for more.

Would it not be well for those volunteer surgeons whose regiments camp at Wimbledon to club together and erect an hospital somewhere in the midst of those regimental camps, which are becoming so numerous at the Wimbledon meeting? For more than 1000 men occupy these camps each year now, independent of those who are camped by the N.R.A., and I presume that each regiment camping has its surgeons. Surely, if this be the case, it could be arranged for at least two regimental surgeons to be constantly at the hospital tent, and thus relieve the various members of the respective camping corps from applying to the present hospital tent! Let the present hospital arrangements apply to those being camped by the N.R.A. and to the regulars who stay at the camp, probably numbering altogether 3000 men. Volunteer surgeons, by acting upon these suggestions, would be fulfilling a duty they have undertaken to perform—gaining experience for treating cases usually to be found in camp life, and fitting themselves for any active service should they be required.

Your obedient servant,

July 28th, 1868. A REGIMENTAL CAMP QUARTERMASTER.

WE stated last week that no general notice appeared to have been given prior to the recent meeting of the St. Andrews Medical Graduates' Association at the Freemasons' Tavern. The Secretary of the Association informs us that every member was called to the meeting. It is strange, however, that no intimation was sent to us.

IF *Bede* (Manchester) will authenticate his communication, it shall be inserted in our next number.

THE FELLOWSHIP OF THE COLLEGE OF PHYSICIANS.

To the Editor of THE LANCET.

SIR,—The thanks of the members of the College of Physicians are specially due to you for the determination which you have expressed not to let this matter rest until it is placed upon a more satisfactory footing.

When we find year after year a wide discontent on the subject of the nominations, and when we find men occupying the highest positions in the College expressing (like Sir Thomas Watson) their disapproval of the principle—or rather the want of principle—evinced by the Council in the selection of names for the Fellowship, it is high time that something should be done to rescue the College from a state of things to which a parallel can alone be given in the management of the College of Surgeons before the founder of your journal so earnestly and so successfully advocated the rights of its members.

In THE LANCET of last Saturday you publish a list of the nine members nominated for the Fellowship; and although not a word can be said in disparagement of either of the gentlemen selected for that honour, it is puzzling at first sight to judge on what principle the Council acted in passing over the names of many deserving men, unless, indeed, the proceedings were conducted in what I will venture to term the "hop, skip, and jump" method.

First, the Council hopped over the heads of some seventy or eighty senior members, admitted between the years 1814 and 1863, until the choice alighted upon a provincial physician, who became a member in the last-named year. Next, comes the "skip" over another batch of seventy or eighty names, when the Council discovered three more gentlemen worthy of the Fellowship, all admitted in 1859, the so-called year of grace, without examination, on payment of £10. Finally, *hey presto!* the Council takes a tremendous jump over some two hundred and fifty more members, and is landed amongst those admitted in 1861 and 1862, from whom are selected no less than five, tending to show that there are "comet-years" in physic as well as in wine, and making up the mystic number, nine.

I assure you, Sir, that I have for years watched the Council nominations to the Fellowship, and that this "hop, skip, and jump" method of selection has been the rule on every occasion.

Facts and figures speak for themselves, so that I need not trouble you with any further comments upon this subject.

I am, Sir, yours obediently,

July, 1868. TRANSITIENS.

Nemo.—The operation on Sarah Thomas was performed by Mr. Liston. The account in the "Practical Surgery" is extracted from a report which appeared in THE LANCET at the time.

Cura.—Three guineas.

THE interesting case of *Mr. Pearson* shall be inserted.

THE ARMY MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—In THE LANCET of the 11th instant you have given your powerful encouragement to a system of promotion in the public services that has always, I believe, appeared to the general body of medical officers to be unfair in the extreme. I refer to your notes on Abyssinia, advocating the promotion of medical officers for a particular service, necessarily at the expense of their seniors.

THE LANCET has always been a friend in need to army medical officers, and even in the remark to which I allude you are trying to forward their interests; but if in this matter your influence for good were directed to the institution of a more just system of reward, I feel assured that it would be productive of much good to the department.

The medical officers of the Abyssinian expedition are well deserving of any reward that a grateful Government is likely to confer upon them; but surely some means of recognising their merit could be found without detriment to the interests of men who have never failed to perform their duties under circumstances at least as hazardous to life and health as those that characterised the Abyssinian campaign.

Why should a medical officer who has done his duty well during an epidemic of yellow fever on the Gold Coast or in the West Indies—I refer to former promotions,—or who has undergone the vicissitudes of even the Abyssinian campaign, be promoted over the heads of men who have served long in India or in other tropical climates, and done equally good service, not for one season or in one epidemic, but year after year, wherever cholera and sun-stroke claimed their victims? The medical officer who, at the close of a trying hot season in the plains of India, has seen his corps, and perhaps not for the first time, through the dangers of a severe visitation of cholera, and who knows that his constitution has been damaged, if not ruined, by his exertions to save the lives of those entrusted to his care—exertions continued through many a harassing day and sleepless night,—can scarcely be expected to look with feelings of entire satisfaction on the *Gazette* that announces the promotion of his junior over him, even though that junior has shared in a march of a few weeks under considerable difficulties from the Red Sea to Magdala and back again.

Your obedient servant,

July 18th, 1868. A M.D.

Vac. Virus.—The law does not provide for such cases. There is no punishment for what is not a *legal* offence.

A District Officer.—No.

Dr. F. Hawthorne.—The pressure upon our space has prevented the appearance of the articles. They shall be published shortly.

TREATMENT OF COMMINUTED FRACTURES BY CARBOLIC ACID.

To the Editor of THE LANCET.

SIR,—Can any of your numerous correspondents inform me whether they have treated comminuted fractures of the bones of the extremities from rifle shots on Prof. Lister's principles with carbolic acid? Considering the great mortality after amputation in such cases, would it not be worth a trial?

I am, Sir, yours truly,

July, 1868. ENQUIRENS.

Hackney.—Mr. Bossy's address to the Board of Guardians is a curiosity in its way; but it is not of sufficient importance to be transferred to the pages of THE LANCET.

TREATMENT OF DYSENTERY.

To the Editor of THE LANCET.

SIR,—Dr. Bree takes exception to the new remedy for dysentery recommended by Mr. Kerr, and classes it among "quack medicines" and "nostrums," because when got from the chemists, Duncan and Flockhart, it was labeled "'New Remedy for Dysentery,' and this was followed by a long printed statement of its effects and doses."

Now, I must confess that at first sight it may have that appearance; but a little reflection will make it clear to anyone that it is not so in point of fact. The medicine is altogether new, and as such to be obtained only in Canada; but the formula for preparing it is not kept a secret. It is given at full length in the *Edinburgh Medical Journal* for June, 1865, and I took pains to give a short extract from that journal when referring to it. Moreover, on the box containing the pills that I got from Duncan and Flockhart it very distinctly states that fact as follows:—"The New Remedy for Dysentery as recommended by Mr. Kerr, of Doon Grange, Canada West, and prepared *according to the formula* given in the *Edinburgh Medical Journal* for June, 1865." Then follow the directions as to dose:—"according to the severity of the attack, an adult may take either one, two, or even three pills for a dose, which seldom requires to be repeated oftener than two or three times in twenty-four hours. To a young person half the above quantities may be given."

The above is all the statement I got in any shape whatever about the medicine; but it is possible Dr. Bree got more. Be that as it may, Mr. Kerr cannot be accused of quackery or anything approaching it. After devoting five or six years to the study of the subject, he is rewarded by discovering what he alleges is a safe and satisfactory remedy. He in the most complete manner proclaims it to the profession in a first-class medical journal, and invites the attention of the profession to it in order that it may be fully tested, and he brings forward the testimony of other medical men who have tried it with success.

Not having myself sufficient personal evidence to bear on the value of the remedy, but satisfied so far with the statements of Mr. Kerr, whom I do not know, and more particularly with that of others whom I do know, and whose word and judgment I have every confidence in, I thought it would be wrong in me not to refer to the matter while I was at the same time advocating another remedy, about which I was able to bear personal testimony, but to which there was at least one objection.

I hope many may be induced to give the medicine a fair trial, and to report upon it; and if it proves to be what Mr. Kerr alleges, I have no doubt, as Dr. Bree properly suggests, "some London druggist will enable us to get this powder."

Your obedient servant,

Minera-street, Eaton-square, July 28th, 1868. ARCH. HEWAN, M.D.

Mr. Herman's letter should be sent to the journal in whose columns the statement to which it refers appeared. Has it been refused insertion?

Enquirer.—Next week.

H. L. W.—Dr. Headland's work on Domestic Medicine.

THE CARMICHAEL PRIZES.

To the Editor of THE LANCET.

SIR,—I have been unwilling to encourage Dr. Crisp's *escothes* by noticing his reflections on my conduct with regard to the Carmichael Prizes; but as his repeated assertions might lead your readers to misjudge the matter, I beg to say that in your journal of May 9th I am correctly reported to have said: "Being an interested party, I did not suggest to the Council the doubling of the prizes." In no way whatever have I interfered with the decision of the Council in this matter; but after the adjudication I claimed the double prize, to which I thought the will of Mr. Carmichael entitled me.

Yours faithfully,

July, 1868. E. D. MAPOTHER.

Mr. G. Rolleston.—Most of the lecturers on the subject take private pupils. The terms differ.

Dr. Maurice G. Evans.—The registration fee, after the passing of the Reform Bill, will be 20*s.*

M.D. Edin.—Much must be left to the judgment of the Coroner. In the case forwarded, medical evidence could have been of little or no service.

METROPOLITAN POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

To the Editor of THE LANCET.

SIR,—Will you allow me to inform the Poor-law medical officers, through your columns, that I have this week received letters in such overwhelming numbers, expressing the intention of the writers to join the new Association, and offering suggestions and enclosing money, that it is utterly impossible for me to reply to them. It will be my first duty after this week, in conjunction with the Honorary Secretaries and Treasurer, to arrange them in order, and as far as possible to answer them.

In all cases letters containing money will have a printed receipt, &c.

I am, Sir, yours, &c.,

July 30th, 1868. JOS. ROGERS, President.

COMMUNICATIONS, LETTERS, &c., have been received from — Sir R. Martin; Professor Maclean; Sir H. Thompson; Dr. B. W. Richardson; Dr. Cockle; Dr. Henry Bennet; Mr. Berkeley Hill; Dr. Anderson, Kingston, Jamaica; Mr. J. Gay; Dr. S. Ward; Dr. Mapother, Dublin; Dr. Hassall; Dr. Hall, Brighton; Dr. Harvey; Dr. Leonard; Mr. Long, Leicester; Mr. Palmer; Mr. Bostock; Mr. Sydney Jones; Mr. Erasmus Wilson; Dr. Spender, Bath; Mr. Irwin; Dr. Slade, Paris; Dr. Ballard; Mr. Babcock; Dr. Heale, Winchester; Dr. MacCormac, Belfast; Mr. J. A. Thompson; Dr. Mackintosh, Dowaham; Mr. Pratt, Newport; Dr. Muspratt, Liverpool; Dr. Hawthorne, Uttoxeter; Dr. Bright, Cheltenham; Dr. Rattray, Portobello; Mr. Wilby; M. G. Baillière, Paris; Mr. Higginbottom, Nottingham; Mr. R. D. Oglesby, Leeds; Mr. Lowe; Mr. Rivington; Dr. Stedman; Dr. Pearse; Dr. Lotheby; Mr. Winchester, Maidenhead; Mr. J. Hutchinson; Mr. Bradley, Liverpool; Dr. Roberts, Manchester; Mr. Yeld, Truro; Mr. Hubbard; Mr. R. Somes, Redcar; Mr. Lewis, Uttoxeter; Dr. Owens, Albrighton; Dr. Rolleston, Dublin; Mr. Whalley; Dr. Shipland; Mr. Ikin, Leeds; Mr. Wright, Birmingham; Mr. Moore; Dr. Laycock, Edinburgh; Dr. Calvert; Mr. Parry; Dr. Sedgwick; Mr. Mackaye; Mr. Harris, Liverpool; Mr. A. Middleton; Mr. Crofts; Mr. Colmes; Mr. Hammond; Mr. Stear; Dr. Coles, Croydon; Dr. Gibson; Dr. Hunter; Mr. Rendle; Mr. Ashton; Dr. Dobell; Mr. Hunt; Mr. Chapman; Mr. Tomson; Dr. Hewan; Mr. Jewry; Mr. Miller, Willenhall; Mr. Harman, Bridgwater; Mr. Winstanley, Wigan; Mr. H. Bowes; Dr. Evans, Narberth; Dr. Gervis; Mr. Swinton; Mr. Paterson, Warwick; Mr. Braine; Dr. Williams, Sudbury; Mr. Hunt; Mr. Gordon, Pontypridd; Dr. Millar, Edinburgh; Mr. Hodgkins; Mr. Sheen; Dr. Quick; Mr. Lewis; Mr. Cooke; Mr. Walker, St. Andrews; Mr. Wright; Mr. W. Smith, Gorton; Dr. Mackinder, Gainsborough; Mr. J. Johnson, Swaffham; Mr. J. Layton; Mr. Morris, Henley; Mr. Whitefoord; Mr. James, Stoke; Dr. Christison, Preston; Dr. Fowler, Nairn; Dr. D. Smith, Glasgow; Mr. Wallace, Cork; Mr. Creasy, Waltham; Mr. Phillips; Dr. Truman; Mr. Meade, Bradford; Dr. Cooper, Guernsey; Mr. Laing; Mr. Kempthorne, Callington; Dr. Tripe; Mr. Cresswell, Dowlais; Dr. Heywood Smith; Dr. Nicolson, Edinburgh; Dr. J. G. Richardson, Union Springs, U.S.; Dr. Hadden; Mr. Stansfeld, Bristol; A District Officer; Vanitas; Enquirer; Transiliens; Assistant; T. L. C.; A. B.; Medicus; A. F.; Victim; Pro Bono Publico; M.D. Edin.; Vac. Virus; R. M. G.; White Flannel; J. B., Heiston; Cox; M.; Junior; A Regimental Camp Quartermaster; W. L. B.; A Country Surgeon; J. B.; Fides; A Candidate; R. M. G.; J. K.; C. M. B.; Desideratum; R. S.; &c.

THE *Harrogate Advertiser*, the *Brighton Gazette*, the *Western Morning News*, the *West Surrey Times*, the *Bucks Herald*, the *Jamaica Gazette*, the *Aberdeen Herald*, the *Surrey Advertiser*, the *Irish Times*, the *Hackney and Kingsland Gazette*, the *Morning Chronicle* (Quebec), the *Exeter Gazette*, the *Kingston Morning Journal* (Jamaica), and *Pulman's Weekly News* have been received.

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